



AGREEMENT TO PROVIDE INSURANCE

I understand that U.S. Auto Credit Purchasing Center, LLC (“Auto Credit”) requires that the vehicle listed below be continuously covered beginning on the date of my retail installment sales contract or finance contract (the “Contract”) by fire, collision, theft, comprehensive and hazard insurance in the amount and upon the terms required by Auto Credit as indicated below. I further agree to have Auto Credit named as loss payee on such insurance policy for Auto Credit’s protection. I have arranged for the required insurance through the company shown below. I agree to deliver to Auto Credit within thirty (30) days from the date hereof an insurance policy with a loss payable endorsement in the favor of:

**U.S. Auto Credit Purchasing Center, LLC
P.O. Box 421669
Atlanta, GA 30342**

I agree to name Auto Credit as loss payee and keep said coverage in force as long as there is an outstanding balance on my account. I understand that if I fail to keep the required insurance, such failure may result in an event of default under the Contract.

I further understand that if for any reason, the required insurance is not obtained and continuously maintained, Auto Credit may, at its option, secure insurance for its own protection. I authorize Auto Credit to add the premium and related finance charge for such insurance to my contract balance and understand that such insurance DOES NOT PROVIDE ME WITH BODILY INJURY OR PROPERTY DAMAGE LIABILITY INSURANCE COVERAGE, AND DOES NOT COMPLY WITH ANY NO FAULT INSURANCE OR FINANCIAL RESPONSIBILITY LAWS.

BUYER NAME: _____

VEHICLE (Year, Make, Model): _____

VIN: _____

INSURANCE COMPANY: _____

INSURANCE AGENT NAME: _____

INSURANCE AGENT PHONE NUMBER: _____

POLICY NUMBER: _____

EFFECTIVE DATES – FROM: _____ TO: _____

Please issue the proper written evidence of insurance to meet the requested coverage:

- Collision Insurance with Maximum Collision Deductable of **\$1,000.00**;
- Comprehensive Fire and Theft Insurance with Maximum Deductible of **\$1,000.00**; and
- Evidence that such insurance applies to all buyers listed on the Contract.

By signing below, I acknowledge that I have read this Agreement to Provide Insurance and understand my obligation to maintain insurance coverage on the above-described vehicle.

Buyer’s Signature

Date

Co-Buyer’s Signature

Date

PLEASE FAX THE DECLARATION PAGE TO: (888) 769-3390