



Agreement to Provide Insurance

I/We understand that to provide protection from serious financial loss, should an accident occur, my installment contract requires the collateral to be continuously covered with insurance against the risks of fire, theft and collision, and failure to provide such insurance gives _____ credit union the right to declare the entire unpaid balance immediately due and payable. Accordingly, I have arranged for the required insurance through the insurance company shown below and have requested my agent to note _____ credit union's interest in the collateral and endorse the policy with a loss payable endorsement (URB Form 51 or equivalent) in favor of _____ credit union, located at :

_____ .
 Street City State Zip Code

I/We further understand that if for any reason the below described insurance is not obtained and continuously maintained, the Lender may, at its option, secure insurance according to the terms of my/our note or contract.

PURCHASER:

Name	FIRST	MIDDLE	LAST
ADDRESS	NUMBER	STREET	CITY STATE ZIP CODE

LOSS PAYEE ADDRESS:

Provide to Insurance Carrier
Frick Financial FCU
P.O. Box 924678
Fort Worth, TX 76124

INSURED VEHICLE

Year	Make	Body	Model	Serial Number
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INSURANCE AGENT:

NAME	
STREET	
CITY, STATE ZIP CODE	
TELEPHONE NUMBER	

INSURANCE COMPANY:

NAME	
POLICY NUMBER	
EFFECTIVE DATE	FROM TO
COVERAGE AUTO	<input type="checkbox"/> FIRE - THEFT <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> COLLISION \$ _____ DEDUCTIBLE \$ _____

*Maximum Deductible is \$500 unless authorized by credit union

**Excluded Drivers not permitted on Insurance Policy

DEALER CONFIRMATION:

<input type="checkbox"/> Agency <input type="checkbox"/> Insurance Company Name of Person
Any Loss Payee CONFIRMED BY DATE
<input type="checkbox"/> Yes <input type="checkbox"/> No

PURCHASER SIGNATURE	DATE	PURCHASER SIGNATURE	DATE
DEALER/SALESMAN SIGNATURE	DATE	DEALER	DATE