



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

INSURED VEHICLE

Year	Make	Body	Model	Serial Number
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INSURANCE AGENT:

NAME	
STREET	
CITY,STATE ZIP CODE	
TELEPHONE NUMBER	

DEALER CONFIRMATION:

☐ Agency	☐ Insurance Company	Name of Person
Any Loss Payee	CONFIRMED BY	DATE
☐ Yes	☐ No	

LOSS PAYEE ADDRESS:

Provide to Insurance Carrier
Clearview Federal Credit Union
P.O. Box 25521
Fort Worth, TX 76124

INSURANCE COMPANY:

NAME	
POLICY NUMBER	
EFFECTIVE DATE	FROM TO
COVERAGE AUTO	☐ FIRE - THEFT ☐ COMPREHENSIVE ☐ COLLISION \$ _____ DEDUCTIBLE \$ _____

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

**Excluded Drivers not permitted on Insurance Policy

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