## **Indirect Lending**



## **Agreement to Provide Insurance**

I/We understand that to provide protection from serious financial loss, my/our installment loan contract requires the motor vehicle being purchased to be continuously covered with insurance against the risk of fire, theft and collision, and that failure to provide such insurance gives the Lender the right to declare the entire unpaid balance immediately due and payable. Accordingly, I/we have arranged for the required insurance through the Insurance Company shown below and have requested my agent to note the Lender's interest in the motor vehicle and endorse the policy with a loss payable endorsement in the name of the Lender.

## PURCHASER(S): VEHICLE TO BE REGISTERED IN NAME OF

| Name(s):                  | First            | Mic   | ddle              | Last                           |  |
|---------------------------|------------------|---|-------------------|--------------------------------|--|
|                           | First            | Mic   | ddle              | Last                           |  |
| Address:                  | Street Address   |   |                   |                                |  |
|                           |                  |   |                   | Zip Code                       |  |
| VEHICLE TO                | BE INSURED       |   |                   |                                |  |
| Year                      |                  | Make  | Body              |                                |  |
| Model Vehicle I.D. Number |                  | er  |                   |                                |  |
| INSURANCE                 | AGENT            |   |                   |                                |  |
| Name(s):                  |                  |   |                   |                                |  |
| Address:                  | Street Address   |   |                   |                                |  |
|                           |                  |   |                   | Zip Code                       |  |
| Telephone                 | Number:          |   |                   |                                |  |
|                           |                  |   |                   |                                |  |
| INSURANCE                 | <u>COMPANY</u>   |   |                   |                                |  |
| Name(s):                  | <u> </u>         |   |                   |                                |  |
| Policy Num                | ber:             | Stre  | eet Address       |                                |  |
| Effective Da              | ate: From_       |   | То                |                                |  |
| Coverage:                 | Fire - Theft and | Collision \$  | Comprehe          | ensive Deductible: Not over \$ |  |
| Signature(s               | )                |   |                   | Date                           |  |
|                           |                  |   |                   | Date                           |  |
|                           |                  | Mail Title/A  | oplication/RMV-1/ | Insurance Binder to:           |  |
|                           |                  | Leominster Credit Union - Loan Servicing<br>20 Adams Street |                   |                                |  |
|                           |                  |   | Leominster, MA    |                                |  |

