



AGREEMENT TO PROVIDE INSURANCE

I have recently financed the purchase of a motor vehicle through a retail installment contract (the "Contract") now held by Financieros Norte Americanos, Inc or one of its affiliates. By my signature below, I am agreeing to the following:

- A. I will maintain physical damage insurance coverage on the financed vehicle through the later of (1) the term of the Contract and (2) the date that all amounts owing under the Contract have been paid in full.
B. The deductibles for this physical damage insurance coverage must not exceed (1) \$1000.00 for comprehensive coverage (or fire, theft, and combined additional coverage) and (2) \$1000.00 for collision coverage. Uninsured/Underinsured motorist physical damage coverage limit must be at least the sum of contract balance.
C. The policy for the physical damage insurance coverage must name FINANCIEROS NORTE AMERICANOS as the loss payee and coverage must be in effect on the date of the Contract. The loss payee address is P O BOX 421669 Atlanta, GA 30342.

I understand that physical damage insurance coverage does not include liability coverage. Liability coverage or a bond is required to operate a vehicle in most states. I can contact my insurance agent or insurer for more information.

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

The Vehicle referred to herein is described below:

Year: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Deductible Comp: \_\_\_\_\_ Deductible Collision: \_\_\_\_\_

Buyers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note- The above information is subject to verification.