



**CONSUMER INSURANCE DISCLOSURE AND AGREEMENT TO PROVIDE INSURANCE (DEALER FINANCE)**

To:PFS

I UNDERSTAND AND AGREE TO THE FOLLOWING: Under my installment contract (my "contract"). I am required to provide continuous insurance coverage on the vehicle identified below, including (1) comprehensive coverage or fire, theft and combined additional coverage, and (2) collision coverage. To satisfy my obligation, I have arranged for the required insurance through the insurance company shown below. I have asked my insurance agent to endorse the policy to show PFS as a loss payee/additional insured. I authorize PFS from time to time to verify directly with my insurance carrier or agent that the required insurance is in full force and effect. PFS is not required to place insurance on the vehicle.

**I AM TOTALLY RESPONSIBLE IN THE EVENT OF A LOSS.**

If for any reason the required insurance is not obtained and continuously maintained, I will be in default and PFS may purchase insurance from any properly licensed insurance company, including an affiliated company. Collateral protection insurance may be more expensive and provide less protection for me than insurance I obtain myself, does not provide bodily injury and property damage liability coverage, and will not comply with financial responsibility or no fault insurance laws. The amount of insurance PFS obtains will be based upon the amount I owe under my contract rather than the value of the vehicle. At PFS option, either (1) I will reimburse PFS on demand for any such insurance premiums it pays, or (2) PFS may add the amount of any such insurance premiums it pays to the indebtedness I owe under my contract. In either case, if PFS elects to add the premiums to the amount I owe, PFS may select the manner these additional sums will be repaid. PFS may require that I make (1) higher periodic payments over the remaining term of my contract, (2) additional periodic payments, and/or (3) a higher final payment.

**VEHICLE INSURED**

Description of Collateral: \_\_\_\_\_

**CUSTOMER**

Customer's Name: \_\_\_\_\_ Co-Signer's Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSURANCE**

Company Name: \_\_\_\_\_ Policy or Binder#: \_\_\_\_\_ Deductible Amount: \_\_\_\_\_

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Effective From: \_\_\_\_\_ To: \_\_\_\_\_ Check all that apply:  Comprehensive  Collision  Fire  Theft

**SIGNATURE**

Customer Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Co-Signer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dealer/Salesman Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PFS USE ONLY**

Comprehensive/Collision Verified by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_