

AGREEMENT TO PROVIDE PHYSICAL DAMAGE INSURANCE

(COMPLETION OF THIS FORM DOES NOT FULFILL YOUR RESPONSIBILITY)

I understand that I am required to submit proof of proper insurance coverage immediately to Pinnacle Financial Group, LLC. Furthermore, I understand that I am required to purchase, maintain and furnish Pinnacle Financial Group, LLC with proof of proper insurance coverage during the term of my Retail Installment Contract. This coverage will protect against the risks of fire, theft and collision with deductibles not to exceed \$500.00. Also, I will ensure that Pinnacle Financial Group, LLC is named as loss payee and that a copy of my policy and all future policies/notices related to this Retail Installment Contract will be sent to Pinnacle Financial Group, LLC at the proper address.

Loss Payee Endorsement: Pinnacle Financial Group, LLC
P.O. Box 30623, Bethesda, MD 20824-0623

Insurance Agent:		Insurance Company:	
NAME		NAME	
STREET ADDRESS		POLICY NUMBER	
CITY, STATE ZIP CODE		EFFECTIVE DATE	FROM: TO:
TELEPHONE NUMBER		COVERAGE	<input type="checkbox"/> COMPREHENSIVE \$ _____ DEDUCTIBLE <input type="checkbox"/> COLLISION \$ _____ DEDUCTIBLE

Purchaser Information:			
NAME			
ADDRESS	STREET	CITY	STATE ZIP CODE

Driver Information:			
NAME			
ADDRESS	STREET	CITY	STATE ZIP CODE
LICENSE #	STATE	DATE OF BIRTH	

Vehicle Insured:				
YEAR	MAKE	MODEL	BODY	VEHICLE IDENTIFICATION #

Purchaser represents and warrants that the insurance coverage set forth herein shall be maintained in full force and effect, with the loss payee endorsement listed above, during the term of said loan. Failure to provide said insurance shall at lien holder's option be grounds for termination of this loan and permit lien holder to take possession of the vehicle.

PURCHASER SIGNATURE _____	CO-SIGNER SIGNATURE _____
DATE _____	DATE _____
DEALER NAME _____	DEALER NUMBER _____
DEALER SIGNATURE _____	DATE _____

Verbal Verification:

Vehicle _____	Expiration Date _____
VIN _____	Deductibles: Comprehensive _____ Collision _____
Insurance Co. _____	Liability Coverage Amounts _____
Policy No. _____	Loss Payee _____
Effective Date _____	Verified By _____