

Request for Waiver of Collateral Insurance



TRUE NORTH
FEDERAL CREDIT UNION

MEMBER NAME: _____ MEMBER ACCOUNT NUMBER: _____ LOAN TYPE: _____

YEAR: _____ MAKE: _____ MODEL: _____

VIN NUMBER: _____

I wish to waive the collision coverage on the above-described collateral for the following reason(s):

IN STORAGE & NOT IN USE SEASONAL & NOT IN USE OTHER _____

Effective Date: _____ **Expires Date:** _____ *(May not exceed 12 months)*

In making this request and **initialing all items below**, I agree to the following conditions:

____ I will provide proof of and maintain comprehensive coverage on the vehicle for the period listed above.

____ I will reinstate full coverage, to include comprehensive and collision, no later than the above listed expiration date or 12 months from today, whichever occurs first.

____ True North FCU will be maintained as the loss payee on my insurance policy for this vehicle until the loan is paid in full.

____ I understand full coverage insurance is required in the event the conditions of this waiver are not maintained or the above listed reasons are no longer applicable.

____ I am verifying insurance on this vehicle will be provided by:

Insurance Company: _____ Policy Number: _____
(Required) *(Required)*

Insurance Company Phone: _____

Member Signature

Date

Request approved by

Date

■ FORTNFCU USE ONLY

Date application received: _____ In Person Fax Mail

Reviewed and Insurance Tracking Updated by: _____