

# Request for Waiver of Collateral Insurance



**TRUE NORTH**  
FEDERAL CREDIT UNION

## MEMBER INFORMATION

Name: \_\_\_\_\_  
True North Account Number: \_\_\_\_\_ Loan Type: L \_\_\_\_\_

## VEHICLE INFORMATION

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

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insurance is required in the event the conditions of this waiver are not maintained or the above listed reasons are no longer applicable.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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Request approved by: \_\_\_\_\_ Date: \_\_\_\_\_

## FORTNFCU USE ONLY

Date application received: \_\_\_\_\_  In Person    Fax    Mail

Reviewed and Insurance Tracking Updated by: \_\_\_\_\_  
*(Name and Title)* *(Date)*