



Insurance Coverage Agreement

Dealership Name: _____ Contact Person: _____

Buyer/Insured

Customer Name(s): _____ Date: _____

Address: _____

Home Number: _____ Work Number: _____

Driver's License #: _____ Issuing State: _____ Exp. Date: _____

Vehicle Insured

Year	Make	Model	Vehicle Identification Number (VIN)

I understand that I must insure my vehicle to provide and safeguard against financial loss should an accident or damage occur. I understand that my Retail Installment Sales Contract requires that the vehicle listed above be continuously covered by insurance against the risks of collision, vandalism, theft, fire, natural disasters (flood, hurricanes, storms, earthquakes, etc.) with the maximum deductibles of \$500 and that failure to provide and maintain such insurance is an event of default under the contract and gives AFS Acceptance LLC ("AFS") the right to repossess and/or declare the entire unpaid balance immediately due and payable. Accordingly, I have arranged for the required insurance through the above listed insurance company and have requested that the policy contain a loss payable endorsement in favor of AFS. If I fail to obtain the required insurance or fail to provide AFS proof that I have obtained the required insurance, AFS has the right to place insurance covering only AFS' interest on the vehicle and add the premium charges plus finance charges at the Contract rate to my account. I understand that such insurance will not protect my interest in the vehicle.

Insurance Agent

Company: _____ Policy #: _____

Agent's Name: _____ Telephone: _____

Address: _____

Insurance Coverage: Collision \$ _____ Deductible Comprehensive \$ _____

Deductible

Policy Effective From: _____ To: _____ Named Loss Payee: _____

By signing below, I acknowledge that I have read this Insurance Coverage Agreement and understand my obligation to maintain insurance coverage on the above-described vehicle. I further acknowledge and agree that I have given the Dealership permission to contact my Insurance Company to verify that I have obtained insurance coverage for this vehicle.

Customer Date

Authorized Dealership Representative Date

Customer Date

Loss Payee Information:

AFS Acceptance LLC
P.O. Box 189007
Plantation, FL 33318
Phone: (877) 223-3254 Fax: (954) 615-1602