



AGREEMENT TO PROVIDE INSURANCE

I understand that to provide protection from serious financial loss, should an accident occur, my installment contract requires the vehicle to be continuously covered with insurance against the risk of fire, theft and collision. Accordingly, I have arranged for the required insurance through the insurance company shown below and I have requested my agent to note that the above listed lien holder's interest in the vehicle and endorse the policy with a loss payable endorsement in favor of the lien holder at the above address.

I further understand that if for any reason the below described is not obtained or not continuously maintained, Hamilton Capital Funding, LLC may, at its option, secure insurance according to the terms of my installment contract. I will reimburse Hamilton Capital Funding, LLC for the actual cost of all such insurance obtained. I will pay this amount with interest and provided in my installment contract in equal installments concurrently with the remaining unpaid installments under my installment contract.

NOTICE TO CUSTOMER: *We reserve the right to contact your agent and verify the insure information provided below.*

VEHICLE INSURED:

YEAR	MAKE	MODEL	BODY STYLE	SERIAL/VIN NUMBER
------	------	-------	------------	-------------------

PURCHASER:

INSURANCE COMPANY:

NAME	POLICY NUMBER
STREET	COMPANY NAME
CITY	EFFECTIVE DATE FROM:
STATE	TO:
ZIP CODE	COVERAGE:

Dealer:

Date:

INSURANCE AGENT:

NAME
PHONE NUMBER
STREET
CITY
STATE
ZIP

SIGNED: _____