



INSURANCE AUTHORIZATION

TO: _____

AGENT: _____ PHONE: _____

INSURER: _____ POLICY#: _____

ADDRESS: _____ EXPIRES: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FROM:

Customer:

DBA

Address

Phone

VALUE OF EQUIPMENT TO BE COVERED BY INSURANCE: \$ _____

Equipment Description

Serial/Vin#

Equipment Location

We have entered into an Agreement and have agreed to be responsible for insuring the equipment listed above.

Property Coverage (ACORD 28 or equivalent): Property coverage with **special form** including theft and all risk for full value of equipment is to be provided. Navitas Credit Corp. is to be named as Loss Payee using a Lender's Loss Payable endorsement using ISO Form BP1203, CP1218 or its equivalent. Insurance binders are not acceptable.

Titled Vehicles/Equipment: Coverage must include Comprehensive and Collision. Navitas Credit Corp. is to be named as Loss Payee using a Lender's Loss Payable endorsement using ISO Form BP1203, CP1218 or its equivalent. Physical Damage is not acceptable. It must state Comprehensive and Collision.

Comprehensive Liability (ACORD 25 or equivalent):

Lease or Rental Agreement: Coverage should be written within minimum limits of \$300,000 each occurrence and \$600,000 general aggregate. The policy should list Navitas Credit Corp. as additional insured.

Equipment Finance Agreement or a note and security agreement: Coverage should be written within minimum limits of \$300,000 each occurrence and \$600,000 general aggregate and should not list Navitas Credit Corp. as additional insured.

Please underwrite immediate coverage and provide verification of such coverage in the form of a copy of the Insurance Policy or a Certificate of Insurance with a 10 day notice of cancellation clause to Navitas Credit Corp. and/or its assigns, 201 Executive Center Drive, Suite 100, Columbia, SC 29210. You may fax to (803) 708-4422 or email to CustomerService@navitascredit.com

Thank you,

