



Financial Services

ACURA FINANCIAL SERVICES AGREEMENT TO FURNISH INSURANCE POLICY

I/We, the Buyer (hereafter referred to collectively and/or individually as "I" or "Me") of the Motor Vehicle described below, under a Retail Installment Contract dated _____, _____, agree to obtain and maintain an insurance policy providing comprehensive, collision, fire and theft insurance in an amount equal to the actual cash value of the Motor Vehicle, and to furnish Acura Financial Services with proof of such insurance within 30 days. I also agree to have a Loss Payable Endorsement issued in favor of and to provide a copy to Acura Financial Services.

I understand that if I fail to obtain and provide evidence of this insurance for any reason, whether or not it is my fault, AFS may (i) declare me to be in default under the Retail Installment Contract and demand full and immediate payment under the Retail Installment Contract, or (ii) purchase insurance to protect AFS's own interest in the Motor Vehicle and charge me for it by adding the cost of such insurance to the amount owing under the Retail Installment Contract. **INSURANCE PURCHASED IN THIS SITUATION WOULD BE SOLELY FOR THE INTEREST AND PROTECTION OF AFS AND WOULD NOT INCLUDE INSURANCE ON MY LIABILITY FOR BODILY INJURY OR PROPERTY DAMAGE.**

I understand that I must maintain property insurance on the Motor Vehicle and name AFS as Loss Payee as set forth above. I ALSO UNDERSTAND THAT I CAN PROVIDE THIS INSURANCE THROUGH AN EXISTING POLICY OR PURCHASE THIS INSURANCE FROM A PERSON AND/OR COMPANY OF MY OWN CHOOSING, subject only to AFS's reasonable disapproval of such insurance obtained.

BUYER			
FIRST NAME	MIDDLE NAME	LAST NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE			

VEHICLE INSURED				
YEAR	MAKE	BODY	MODEL	SERIAL NUMBER


I HAVE READ AND RECEIVED A COPY OF THIS AGREEMENT.

BUYER'S SIGNATURE  _____ DATE _____

DEALER CONFIRMATION	
<input type="checkbox"/> AGENCY <input type="checkbox"/> INSURANCE COMPANY	NAME OF PERSON
AHFC LOSS PAYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONFIRMED BY _____ DATE _____

BY SIGNING BELOW, DEALER WARRANTS THAT INSURANCE HAS BEEN PLACED AS DESCRIBED ABOVE. IF THE WARRANTY IS BREACHED, AMERICAN HONDA FINANCE CORPORATION MAY REASSIGN THE SECURITY AGREEMENT TO DEALER AND DEMAND PAYMENT OF SUMS DUE THEREUNDER.

DEALER'S/SALESPERSON'S SIGNATURE  _____ DATE _____

INSURANCE AGENT	
TELEPHONE	
	NAME
	ADDRESS
	CITY, STATE & ZIP CODE

INSURANCE CARRIER	
COMPANY NAME	
POLICY NUMBER	
EFFECTIVE DATE	
FROM	TO
COVERAGE	