

AGREEMENT TO PROVIDE INSURANCE

TO: _____
ASSIGNEE/LIEN HOLDER

I UNDERSTAND THAT THE VEHICLE LISTED BELOW MUST BE COVERED UP TO THE MAXIMUM DEDUCTIBLES AND BY BOTH 1) COLLISION AND 2) COMPREHENSIVE COVERAGES, OR FIRE AND THEFT AND COMBINED ADDITIONAL COVERAGES. INSURANCE MAY BE OBTAINED FROM A PERSON OF YOUR CHOICE.

My present insurance coverage includes the required coverage. I WILL MAINTAIN CONTINUOUS INSURANCE through the insurance company shown below, requesting my agent to note the Assignee/Lien Holder's interest in the vehicle and endorse the policy with a loss payable endorsement in favor of the Assignee/Lien Holder.

Year	Make	Model	Body Style	Vehicle Identification Number
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PURCHASER

Name	
Street Number	
City State/Prov Zip/Postal Code	

INSURANCE AGENT

Agent Name	
Street Number	
City State/Prov Zip/Postal Code	
Telephone Number	

INSURANCE COMPANY

Name (If Known)	
Policy or Binder No.	
Effective Dates	From: _____ To: _____
Coverage	<input type="checkbox"/> FIRE, THEFT, CAC <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> COLLISION DEDUCTIBLE \$ _____ CAR AND LIGHT TRUCK MAXIMUM DEDUCTIBLE - \$1000 MEDIUM/HEAVY TRUCK MAX DEDUCTIBLE - \$2500 (US) - GREATER OF \$5000 OR 5% OF CASH PRICE (CAN)

FORD CREDIT USE ONLY ACCOUNT NUMBER	
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Purchaser Signature (REQUIRED)

Date

Dealer/Salesperson Signature (REQUIRED)

Date