

# CONFIRMATION OF ACCIDENTAL PHYSICAL DAMAGE INSURANCE

To provide protection against serious financial loss should an accident or damage occur, I understand that my installment contract requires that the vehicle be continuously covered with insurance against the risks of fire, theft and collision. Accordingly, I have arranged for the required insurance through the insurance company shown below and have requested that the policy contain a loss payable endorsement in favor of the holder of my contract located at:

**P.O. Box 8143  
Cockeysville, MD 21030**

**BR #** \_\_\_\_\_

<b>NAMED INSURED:</b>		FIRST	MIDDLE	LAST
ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE
TEL. NO.	( )	DRIVERS LICENSE #		

ALLY ACCOUNT NUMBER
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<b>NAMED PURCHASER:</b>		FIRST	MIDDLE	LAST
ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE
TEL. NO.	( )			

## VEHICLE INSURED:

YEAR	MAKE	BODY	MODEL	VEHICLE IDENTIFICATION NUMBER
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VEHICLE USE: ☐ Private Passenger, ☐ Commercial Auto and Trailer

## INSURANCE AGENT

PLEASE PRINT CLEARLY FULL AND EXACT ADDRESS TO APPEAR IN WINDOW ENVELOPE

NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
AGENT'S TELEPHONE NUMBER	( )		

## INSURANCE CARRIER

PLEASE PRINT CLEARLY FULL AND EXACT NAME OF INSURANCE CARRIER

NAME			
POLICY NUMBER			
DATE THIS VEHICLE COVERED	FROM:	TO:	
	COVERAGE		
<input type="checkbox"/> Collision \$ _____ Deductible Type: <input type="checkbox"/> BROAD FORM OR STANDARD <input type="checkbox"/> LIMITED (NOT ACCEPTABLE) <input type="checkbox"/> Comprehensive \$ _____ Deductible <input type="checkbox"/> Fire-Theft			

## AGENTS COMMENT

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NAMED INSURED  
SIGNS \_\_\_\_\_

DATE \_\_\_\_\_

## DEALER CONFIRMATION:

( ) AGENCY ( ) INSURANCE CARRIER		NAME OF PERSON CONTACTED	LOSS PAYEE
Confirmed By		DATE	LOSS PAYEE CONFIRMED ( ) Yes ( ) No <input type="checkbox"/> Ally Financial <input type="checkbox"/> Ally Bank <input type="checkbox"/> _____ ; and in each case its successors and assigns.

DEALER  
SIGNS \_\_\_\_\_

DEALER \_\_\_\_\_