



AGREEMENT TO PROVIDE INSURANCE

Contact Person: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Year

Make

Model

VIN

I understand that the Retail Installment Sale Contract/Finance Contract/ Lease Contract ("Contract") that I signed in connection with my purchase/lease of the above-described vehicle requires me to provide and maintain insurance on the vehicle against the risks of loss or damage. I also understand that GoFi, LLC must be named as the loss payee and that the failure to procure and maintain said insurance coverage may be an event of default under the Contract. In the event of a default, GoFi, LLC may pursue all the remedies provided by law and in the Contract as it deems appropriate. Having been advised that I may obtain insurance coverage from a company and agent of my choice, I have obtained an insurance policy as follows:

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Coverage:  Collision \$\_\_\_\_\_ Deductible  Comprehensive \$\_\_\_\_\_ Deductible
 Fire & Theft \$\_\_\_\_\_ Deductible  \_\_\_\_\_ \$\_\_\_\_\_ Deductible

Policy Effective From: \_\_\_\_\_ To: \_\_\_\_\_ Named Loss Payee: \_\_\_\_\_

Loss Payee Address \_\_\_\_\_

By signing below, I acknowledge and agree that: (1) I have read this Insurance Coverage Acknowledgement; (2) It is my obligation to obtain and maintain insurance coverage for the vehicle; (3) I have given the GoFi, LLC permission to contact my Insurance Company to verify that I have insurance coverage; (4) I must verify that a Policy covering the vehicle has been issued and pay any premiums for the insurance coverage; and (5) I will provide a copy of the Policy, Declaration Page, or other proof of insurance to the Dealership and/or Lender/Lessor/Assignee of the Contract upon request.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Authorized Dealership Representative

\_\_\_\_\_  
Co-Applicant