

WHAT IS A **DECLARATION** PAGE?

The insurance declaration page is a document that forms part of your insurance policy. It comes at the front of your policy paperwork and summarizes the most important information about your insurance such as your deductible, coverage, lienholder and more.

FreeStar Financial requires you to have full coverage on all loans with collateral. The **Agreement To Provide Property Insurance** is signed at the close of the loan. See below.

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AGREEMENT TO PROVIDE PROPERTY INSURANCE		LOAN OFFICER:	
LIENHOLDER LOSS PAYEE		ACCOUNT/LOAN NUMBER:	
BORROWER _____ STREET _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____		CO-BORROWER _____ STREET _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____	
IMPORTANT		<input type="checkbox"/> NEW LOAN <input type="checkbox"/> REFINANCED LOAN <input type="checkbox"/> LEASE <input type="checkbox"/> SUBSTITUTION OF COLLATERAL	
Dear Borrower: The terms of the Security Agreement, Retail Installment Contract or Disclosure Statement & Agreement for the purchase of the collateral identified on this form contain provisions relating to insurance. The terms of the Agreement and the sections relating to insurance are the terms which must be followed. You agree to obtain insurance from an insurer that is authorized to do business in this state or an eligible surplus lines insurer and maintain insurance providing coverage for all risks of sudden and accidental loss until the loan is paid in full. You also agree to provide the Lender with written proof of insurance, which may include proof of premium payments, at all times until the collateral has been released. If you do not provide the Lender with written proof of the required coverage naming them as "loss payee," the Lender may, at its option, but shall not be required to and without prejudice to its rights if it does not, request issuance of insurance that will protect its interest and may only provide limited coverage for you. The coverage may be based on outstanding loan balance. This could result in less protection for you and may be more extensive than insurance you can choose to buy from an insurance company or agent of your choice. The types of coverage that the Lender may request, in the event you do not provide the required proof of coverage, include, but are not limited to, a) All Risk Coverage that covers the lesser of the lender's interest (loan balance), or the cost to repair or replace the collateral for loss or damage to the collateral by any external cause; such coverage DOES NOT PROVIDE LIABILITY COVERAGE OR PERSONAL INJURY COVERAGE AND MAY NOT PROTECT THE TOTAL EQUITY IN YOUR COLLATERAL for damages caused by you; b) Repossession Expense Coverage to reimburse the Lender for expenses incurred in the course of repossessing an insured collateral; c) Conversion, Embezzlement and Secretion Coverage to protect the Lender from unlawful appropriation of the collateral, removal of the collateral from the area or hiding the collateral; and d) Mexico coverage for losses sustained while the collateral is within the territory of Mexico. This coverage may be limited to losses which occur within 25 miles of the U.S. border. The premium for this insurance may include an expense reimbursement payment which would be intended to reimburse the Lender or an affiliate for necessary expenses incurred in administering this insurance coverage. You agree that the Lender may either demand payment of the premium cost of such coverage in full or add the premium cost to your loan balance, which may increase your payment, with a FINANCE CHARGE at the CURRENT RATE (Open-end Loans) or ANNUAL PERCENTAGE RATE (Closed-end Loans) provided in the Consumer Credit Disclosure Statement.		TRANSACTION DATE _____ TERM _____	
		LOAN AMOUNT _____ PMT. AMT. _____ PMT. FRQ. _____	
		YEAR _____ MAKE/MODEL _____ I.D. NUMBER _____	
		If more than one collateral secures this loan or the collateral value(s) is (are) substantially less than the loan amount, please give collateral value(s). 1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____	
		TITLE RECEIVED <input type="checkbox"/> YES EXTENDED WARRANTY (MBI): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO	
		ARBITRATION AGREEMENT AND BORROWER REQUIREMENTS Any controversy, dispute or claim of any nature arising out of, or in connection with, or in relation to the interpretation, performance or breach of this agreement between Borrower and Lender, shall be resolved by final and binding arbitration administered by the American Arbitration Association ("AAA"). The rules of arbitration practice and procedure of the AAA will apply. Information regarding the rules of arbitration may be obtained at www.adr.org . All arbitration hearings shall be commenced within 90 days after demand for arbitration. The arbitrator shall, only upon a showing of cause, be permitted to extend the commencement of such hearing up to an additional 60 days. The arbitrator shall determine which is the prevailing party and shall include the award of costs and reasonable attorneys' fees of that party's attorneys. Judgement upon any award rendered by the arbitrator may be entered in any state or federal court having jurisdiction.	
		A) I understand that it is my responsibility to keep the collateral I am financing insured against all risks of sudden and accidental loss during the entire term of the security agreement, with deductible amounts not exceeding the following: Maximum Comprehensive Deductible(s) _____ Maximum Collision Deductible(s) _____	
		B) I understand that the policy must list my lender as LOSS PAYEE.	
		C) I hereby appoint Lender or its authorized representative as my Attorney-in-Fact to provide notification to my insurer of Lender's designation as LOSS PAYEE on my policy of insurance.	
		D) I understand that I must immediately provide satisfactory EVIDENCE of these insurance requirements or the lender may charge my loan with the cost of the limited-coverage insurance policy. I will have my agent forward a copy of my insurance policy to the lender. I authorize the lender to provide its insurance service office with the necessary information for verification of adequate insurance coverage.	
DEAR AGENT: The Lender will accept this form as temporary proof of coverage for 60 days, provided the form is completed, signed, and returned. After 60 days a loss payee copy is needed. Please complete this section and return the form to the Lender, or send other proof of coverage.		BORROWER _____	
AGENT'S NAME _____		CO-BORROWER _____	
AGENT'S ADDRESS _____			
PHONE NUMBER _____			
INSURANCE CO. _____			
POLICY NO. (CHECK HERE FOR BINDER) _____			
EFFECTIVE DATE _____			
DEDUCTIBLES: COMP _____ COLL _____			
AGENT CODE _____			
AGENT SIGNATURE _____			
You may update insurance information on our website at: www.myinsuranceinfo.com			

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Failure to provide full coverage will result in Collateral Protection Insurance (CPI) being placed on the loan. This will cause a payment increase for the loan. In certain circumstances such as winter months or vehicle repair, the credit union will allow you to waive the collision coverage. You must provide proof of liability coverage and complete a storage waiver. For seasonal auto storage, the policy should include the vehicle being driven during those months. See below.



Request To Waive Collision

Account Number _____ Date _____

Member Name _____

Phone No. _____

Year, Make, Model _____

VIN _____

Store from _____ through _____

Reason for storage _____

Storage Location _____

Must Provide Proof of Comprehensive coverage; Attached: Yes No

Insurance Co. _____

Insurance Co. Phone No. _____

Member's Signature _____

Employee's Signature (who received the document) _____

Loan Officer Approval _____

Lending Staff (processor) and notes _____

There are instances when the insurance provided is not acceptable. FreeStar Financial requires you to have collision coverage with a maximum of \$1,000 deductible, list us as lienholder (FreeStar Financial PO Box 924597 Fort Worth, TX 76124), and no excluded drivers. Please review and make sure you have all the correct information before submitting the document. See below for a sample declaration page.

COMPANY LOGO		FAKE COMPANY	DECLARATIONS PAGE			
123 FAKE BOULEVARD TOWNSVILLE, NJ 01234			POLICY NUMBER: 123-456-7890 COVERAGE PERIOD: 09/31/2008 through 09/31/2009			
DATE POLICY ISSUED: <i>SEPTEMBER 31, 2008</i>						
JOE SAMPLE 567 FAKE ST CITYVILLE, NJ 02345			ADDITIONAL DRIVERS: JANE SAMPLE			
INSURED PHONE NUMBER (908) 555-1234 INSURED EMAIL: joe@fake.com						
VEHICLE	YEAR	MAKE MODEL TRIM	STYLE	VIN	PARKED AT:	
CAR 1	2007	Fakemobile STV-3	4-Door	1A2B3CD4E5F6G7H8I9J	567 Fake St	
CAR 2	2006	NotRealMobile IV	Coupe	L5M6N7O8P9Q0R1S2T3	567 Fake St	
COVERAGES				LIMITS/DEDUCTIBLES	CAR 1	CAR 2
BODILY INJURY LIABILITY (PER PERSON/PER OCCURRENCE)				\$100,000/\$300,000	\$110	\$104
PROPERTY DAMAGE LIABILITY				\$50,000	\$92	\$84
PERSONAL INJURY PROTECTION				\$250,000	\$504	\$478
UNINSURED / UNDERINSURED MOTORIST COVERAGE				\$100,000/\$200,000	\$31	\$19
COMPREHENSIVE COVERAGE				\$500 Deductible	-	-
COLLISION COVERAGE (PER PERSON/PER OCCURRENCE)				\$500 Deductible	←	←
EMERGENCY ROAD SERVICE				FULL	\$6	\$4
RENTAL				\$30/DAY - \$900 MAX	\$12	\$15
TOTAL PREMIUM PER VEHICLE					\$755	\$704
LOSS PAYEE:				←		
BANK OF USA, PO BOX 123, FAKETOWN, NJ 04567						
TOTAL POLICY PREMIUM					\$1,459	
DISCOUNTS						
MULTIPLE VEHICLES ON POLICY						\$40
Insurance Company Footer With Special Instructions Or Legal Information						