

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 # _____

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

ALLY ACCOUNT NUMBER

NAMED PURCHASER:		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

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

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

PLEASE PRINT CLEARLY FULL AND EXACT NAME OF INSURANCE CARRIER

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

DEALER SIGNS _____

DEALER _____