

**COLLATERAL LOAN INSURANCE AGREEMENT**

Borrower's Name:

I understand and agree that the vehicle listed below must be covered during the full term of my loan contract insuring the vehicle:

- a. Collision Coverage with no more than a \$500.00 deductible.
- b. Comprehensive Coverage with no more than a \$500.00 deductible.
- c. Pyramid Federal Credit Union listed as Loss Payee.

I agree to request that my agent forward verification of this required coverage to Pyramid FCU at the address below within 30 days of my loan contract date. I further understand that if for any reason evidence of the required insurance is not provided, Pyramid Federal Credit Union may, at its option, secure insurance according to the terms of my loan contract. Any cost associated with the collateral protection insurance will be passed along to the member.

I UNDERSTAND THAT THE INSURANCE SECURED BY PYRAMID FEDERAL CREDIT UNION WILL NOT PROVIDE BODILY INJURY OR PROPERTY DAMAGE LIABILITY INSURANCE COVERAGE AND WILL NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAWS.

**COLLATERAL INFORMATION**

Year:                      Make:                      Model:

**INSURANCE INFORMATION**

Company:  
Agent's Name:    Phone:  
Agent's Address:  
Primary Name of Insured if other than Borrower:

NOTICE TO THE AGENT:

Please provide Pyramid Federal Credit Union with verification that the above requirements have been met. You may mail or fax this to:

Pyramid FCU  
P O Box 12100  
Tucson, AZ 85732-2100

FAX: 520-321-0298

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date