AGREEMENT TO PROVIDE PHYSICAL 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 risksof fire, theft, and collision, and that failure to provide such insurance give CPS, Inc. the right to declare the entire unpaid balance immediately due and payable. 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 CPS, Inc. located at:

INSURANCE ADDRESS: CPS, Inc.
P.O. Box 57071
Irvine, CA 92619-3070

Name of Insured	
Address City, State, Zip	
Telephone Number	( )
Driver License #	

Name of Insurance Agency	
Name of Insurance Agent	
Address City, State, Zip	
Insurance Agent's Telephone #	( )

Insurance Carrier Name	
Policy Number	
Effective Date	From: To:

DESCRIPTION OF COVERAGE

☐	Collision	$ Deductible (max. allowed by CPS is $500 deductible)
☐	Type	Broad Form or Standard (Limited is not acceptable)
☐	Comprehensive	$ Deductible
☐	Fire - Theft	

Signature of Insured:_____ Date:_____

DEALER CONFIRMATION

Name of Dealer					
Agency ☐	Insurance ☐	Name of person contacted			
CPS, Inc. is Loss Payee	☐ Yes	☐ No			
Confirmed By		Date			

Authorized Dealership Signature:_____