

**LEADERS FINANCIAL COMPANY INSURANCE VERIFICATION FORM**

*THIS FORM MUST BE COMPLETED, SIGNED BY THE CUSTOMER AND SUBMITTED WITH EVERY CONTRACT SOLD TO LEADERS FINANCIAL COMPANY.*

**NAME OF PURCHASER:** \_\_\_\_\_

**YEAR, MAKE AND MODEL OF VEHICLE:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY OR BINDER NUMBER:** \_\_\_\_\_

**NAME OF AGENT:** \_\_\_\_\_ **AGENT PHONE NUMBER:** \_\_\_\_\_

**DEDUCTIBLE COMPREHENSIVE:** \_\_\_\_\_

**DEDUCTIBLE COLLISION:** \_\_\_\_\_

**DATE VEHICLE ADDED TO POLICY:** \_\_\_\_\_

**DATE EXISTING POLICY EXPIRES:** \_\_\_\_\_

**IS A PHOTO INSPECTION REQUIRED:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IS LEADERS FINANCIAL COMPANY, P.O. BOX 15820, RICHMOND, VA 23227-5820 LISTED AS LOSS PAYEE FOR TITLE FINANCED VEHICLE?**

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**VERIFIED AT SELLING DEALERSHIP BY:** \_\_\_\_\_

I, \_\_\_\_\_ UNDERSTAND AND AGREE THAT I AM OBLIGATED TO CARRY COMPREHENSIVE AND COLLISION INSURANCE COVERAGE, TO BE CONTINUOUSLY COVERED WITH INSURANCE AGAINST THE RISK OF FIRE, THEFT, PROPERTY DAMAGE AND COLLISION, AT DEDUCTIBLES NO HIGHER THAN \$750.00 FOR EACH COVERAGE ON MY FINANCED VEHICLE FOR THE ENTIRE TERM OF MY LOAN WITH LEADERS FINANCIAL COMPANY ("LEADERS"). THE INSURANCE MUST COVER LEADERS' ENTIRE FINANCIAL INTEREST IN THE VEHICLE. I AGREE THAT IF I FAIL TO MAINTAIN THIS LEVEL OF INSURANCE, LEADERS MAY, BUT IS NOT NECESSARILY OBLIGATED TO, PURCHASE PHYSICAL DAMAGE INSURANCE ON MY VEHICLE, WHICH INSURANCE MAY COVER LEADERS' INTEREST BUT NOT NECESSARILY MY INTEREST, AT MY SOLE EXPENSE, WHICH EXPENSE WILL BE ADDED TO MY MONTHLY PAYMENT OBLIGATION TO LEADERS, THEREBY INCREASING MY MONTHLY PAYMENTS OWING LEADERS AT SUCH TIME. THE CHARGE FOR SUCH INSURANCE WILL BE THE PREMIUM OF SUCH INSURANCE PLUS THE FINANCING CHARGE, WHICH IS EQUAL TO THE CONTRACTUAL ANNUAL PERCENTAGE RATE OF THE VEHICLE LOAN

**PURCHASER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_