

# AGREEMENT TO PROVIDE FULL COVERAGE INSURANCE

## \*\*\*\*\*IMPORTANT NOTICE\*\*\*\*\*

Please inform your Insurance Agent of your vehicle purchase.  
Policy should show lienholder / loss payee of:

**HORIZON CREDIT UNION**  
PO Box 25546, Fort Worth, TX 76124

Comprehensive and Collision Deductibles of \$1000 or less.

**PLEASE FAX COPY TO (877) 834-4361**  
**OR**  
**Input Insurance Information at**  
**[www.myloaninsurance.com](http://www.myloaninsurance.com)**

I agree to provide **Horizon Credit Union** evidence of comprehensive and collision insurance for the collateral held under this loan agreement for the entire term of the loan. I further agree it is my responsibility to notify my insurance carrier of the deductible limits and that **Horizon Credit Union** shall be listed as the loss payee. I authorize Horizon Credit Union to be added as loss payee and request a copy of the binder or policy as necessary.

Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company:
Agent:
Address:
Phone:
Policy Number: