



**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 583 Monroe, GA 30655**

<b>Name Insured</b>	FIRST	MIDDLE	LAST	ACCOUNT NUMBER	
<b>Address</b>	NUMBER	STREET		CITY	STATE ZIP
<b>Tel. No</b>				DRIVERS LICENSE #	

<b>Name Purchaser</b>	FIRST	MIDDLE	LAST	ACCOUNT NUMBER	
<b>Address</b>	NUMBER	STREET		CITY	STATE ZIP
<b>Tel. No</b>					

<b>Vehicle Insured</b>	YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION #
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Vehicle Use:  Private Passenger  
 Commercial Auto and Trailer

**INSURANCE AGENT**  
(PLEASE PRINT CLEARLY FULL AND EXACT ADDRESS TO APPEAR IN WINDOW ENVELOPE)

<b>Name</b>	
<b>Mailing Address</b>	
<b>City, State, Zip</b>	
<b>Agent's Phone #</b>	

**INSURANCE CARRIER**  
(PLEASE PRINT FULL AND EXACT NAME OF INSURANCE CARRIER)

<b>Name</b>	
<b>Number</b>	
<b>Date Vehicle Covered</b>	FROM: TO:

**AGENT'S COMMENT**

**COVERAGE**

Collision \$ \_\_\_\_\_ Deductible  
 Comprehensive \$ \_\_\_\_\_ Deductible  
 Fire-theft

**NAMED INSURED SIGNS** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DEALER CONFIRMATION:**

<input type="checkbox"/> Agency	<input type="checkbox"/> Insurance Carrier	Name of Person Contacted _____
Confirmed by: _____		Date _____

Loss Payee: _____	Loss: _____
Payee Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Affinity Bank P.O. Box 583 Monroe, GA 30655 and in case its successor and/or assigns	

**DEALER SIGNS** \_\_\_\_\_ **DATE** \_\_\_\_\_