



**AGREEMENT TO PROVIDE ACCIDENTAL PHYSICAL DAMAGE INSURANCE**

To provide protection against serious financial loss should an accident or damage occur, I understand that the installment contract requires that the vehicle be continuously covered with insurance against the risks of fire, theft and collision, and that failure to provide such insurance gives the Lender 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:

APP NUMBER: \_\_\_\_\_  
LENDER NAME: **PEOPLES CREDIT, INC**  
ADDRESS: **505 W Route 34 / P.O. BOX 241 PLANO, IL 60545**

**NAMED INSURED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: IL Zip: \_\_\_\_\_

**VEHICLE INSURED:**

Year Make Body Model VIN

**INSURANCE AGENT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSURANCE COMPANY:**

Name: \_\_\_\_\_ Policy: \_\_\_\_\_ Period: \_\_\_\_\_  
 Fire Theft Ded: \_\_\_\_\_  
 Comp \_\_\_\_\_  
 Collision \_\_\_\_\_

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

**DEALER CONFIRMATION:**

Agency:  Insurance Co:  Lender Loss Payee: Yes:  No:

Person Contacted: \_\_\_\_\_ Confirmed By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Dealer/Salesperson Signature

\_\_\_\_\_  
Dealer