

» Insurance Provision

Please request that your Insurance agent forward proof of the following required coverage to Clackamas Federal Credit Union immediately. The vehicle must be covered during the full term of my loan contract with the following insurance:

1. Collision Coverage (\$1000 maximum deductible)
2. Comprehensive Coverage (\$1000 maximum deductible)

An acceptable policy must meet the following requirements:

1. Insured's Name and Address
2. Vehicle Description and VIN
3. Comprehensive and Collision Coverages
4. Policy Number and Current Policy Period
5. Clackamas Federal Credit Union listed as Loss Payee
6. No Excluded Drivers on the Policy

I further understand that if for any reason evidence of the required insurance is not provided, Clackamas Federal Credit Union may, at its option, secure insurance according to the terms of my loan contract. The premium and related finance charge will be added to my loan balance and my loan payment may be increased. The insurance secured by Clackamas Federal Credit Union will not provide bodily injury or property damage liability insurance coverage and will not comply with any financial responsibility laws.

Notice to Agent

Please provide Clackamas Federal Credit Union with an acceptable insurance policy which meets the above requirements. You may mail or fax this policy to our Insurance Department. Our address for mailing and loss payee information follows:

Clackamas Federal Credit Union
Attn: Insurance Department
P.O. Box 924328
Fort Worth, TX 76124
Telephone (877) 587-5753, Fax (877) 689-8665