

LEADERS FINANCIAL COMPANY

INSURANCE VERIFICATION FORM – THIS FORM MUST BE COMPLETED, SIGNED BY THE CUSTOMER, AND SUBMITTED WITH EVERY CONTRACT PURCHASED BY LEADERS FINANCIAL COMPANY.

NAME OF PURCHASER: _____

YEAR, MAKE AND MODEL OF AUTO PURCHASED: _____

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 BY: _____

SPOKE WITH: _____

I, _____ UNDERSTAND THAT I AM OBLIGATED TO CARRY COMPREHENSIVE AND COLLISION INSURANCE COVERAGE 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.