

# AGREEMENT TO PROVIDE INSURANCE

TO: FRIENDLY FINANCE CORPORATION (Lienholder), 6340 SECURITY BLVD., SUITE 200, BALTIMORE MD 21207

I UNDERSTAND THAT THE VEHICLE LISTED BELOW MUST BE COVERED BY BOTH COLLISION AND COMPREHENSIVE COVERAGES UP TO THE MAXIMUM DEDUCTIBLE. INSURANCE MAY BE OBTAINED FROM A COMPANY OF YOUR CHOICE.

My present insurance coverage includes the required coverage. **I WILL MAINTAIN CONTINUOUS INSURANCE** throughout the term of my retail installment sales contract through the insurance company shown below. My agent shall note the lienholder's interest in the vehicle and endorse the policy with a loss payable endorsement in favor of the Lienholder at the above address.

If the policy below is cancelled, Friendly Finance Corporation ("You") may buy a joint interest Collateral Protection Insurance Policy at my expense. **Such insurance may cost substantially more than insurance I can buy.** I understand that the premium is based on rates approved by the State Insurance Department. This insurance, which may be renewed annually, will cover a period of 12 months or until the expiration date of my Retail Installment Sales Contract ("my Contract"), whichever occurs first and will provide coverage in an amount equal to the "average" classification value shown in the "Black Book" used car guide published weekly by Hearst Corporation, which amount may be less than the amount I owe on my Contract. The insurance you buy may be subject to deductible amounts you elect in your sole option, and the deductible, if any, applicable to you may be different from the deductible applicable to me. If I obtain my own comprehensive and collision insurance with you listed as lienholder during this coverage period, the Collateral Protection Insurance Policy will be cancelled with any unearned insurance premiums refunded to you to be applied to my account as of the effective date of the policy I have purchased. I will immediately pay to you in the manner you require, an amount equal to all sums you have advanced to obtain insurance or to pay insurance premiums, either in full on your demand, or in equal installments with interest at the rate set forth on the front of my Contract in the block designated "Annual Percentage Rate" at the same times as my remaining installment payments are due to you. This amount shall be covered by the security interest and lien I have granted to you. If you decide not to obtain the insurance or pay the premiums, none of your rights and remedies against me will be lost. All insurance proceeds under any insurance policy shall be payable to you to the extent of my remaining installment payments and any of my other obligations under my Contract. I will deliver to you the insurance policy or policies or a certificate of insurance. I also grant you a security interest in all insurance policies I have purchased in connection with my Contract and in all returned and unearned premiums or proceeds, and I direct the insurance company or companies through which I have obtained such insurance to pay to you all insurance proceeds and returned or unearned premiums. I also hereby irrevocably appoint you as my lawful attorney-in-fact, and such appointment shall be deemed coupled with an interest, to act in my place and on behalf in order to take the following actions: (i) If I am in default under my Contract, you may notify any insurance company which has issued a policy of insurance to me under my Contract of that fact, and you may cancel such insurance. If such insurance is cancelled, you may apply any refund of unearned premiums to which I would otherwise be entitled because of such cancellation against my remaining installment payments and any of my other obligations under my Contract. Any balance remaining will be paid to me unless the law requires you to pay it to someone else; and (ii) you may endorse any draft or check, including those of third party insurance carriers, which may be payable to me so as to collect any returned or unearned premiums or insurance proceeds. You may apply all such insurance proceeds and returned or unearned premiums received by you in the same manner described above. I understand that a commission may be paid to licensed affiliates, agents and/or officers of Friendly Finance Corporation in connection with the placing of said insurance.

**PROPERTY AND COLLATERAL PROTECTION INSURANCE DO NOT INCLUDE COVERAGE FOR PERSONAL LIABILITY AND PROPERTY DAMAGE CAUSED TO OTHERS.**

Year	Make	Model	Body Style	Vehicle Identification Number
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**BUYER**

Name	
Street Number	
City State Zip	

**INSURANCE AGENT**

Agent Name	
Street Number	
City State Zip	

Telephone Number	
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**INSURANCE COMPANY**

Name (If Known)	
Policy or Binder No.	
Effective Dates	From: _____ To: _____
Coverage	COLLISION AND COMPREHENSIVE DEDUCTIBLE \$ _____ <b>CAR AND TRUCK MAXIMUM DEDUCTIBLE - \$1000</b>

FRIENDLY FINANCE USE ONLY ACCOUNT NUMBER	
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\_\_\_\_\_  
Buyer Signature Date

\_\_\_\_\_  
Buyer Signature Date

\_\_\_\_\_  
Seller (Dealer) Signature Date