



INSURANCE VERIFICATION / AUTHORIZATION CONSUMER LEASES

Date _____

The undersigned Lessee(s) agree(s) to furnish an insurance certificate documenting the vehicle and all insurance requirements listed below, subject of a Lease Agreement dated this _____ day of _____, _____. The vehicle referred to herein is described as follows:

Year	Make	Model	Body	Identification Number
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Such insurance certificate must be delivered, as indicated below, within 10 days from the date hereof and indicate maintenance of insurance described below. If Lessor does not receive such certificate, or other satisfactory evidence of coverage, it may exercise its default remedies under the lease.

Insurance Company _____ Agent _____

Address of Agent – Street	City	State	Zip	Agents Phone Number
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Policy No. _____ Exp. Date _____

By my signature below, I authorize the following changes / additions to accommodate my automobile lease. I agree to provide a copy of this form to my insurance agent.

\$100,000
Bodily Injury
Per Person

\$300,000
Bodily
Injury
Per
Accident

\$50,000
Property
Damage OR

\$500,000
Combined
Single
Coverage
Limit

\$1500 Maximum Deductible for both Comprehensive and Collision

The coverage requirements outlined by my lease agreement must be met at all times and may include the above outlined coverage limits. Furthermore, I confirm that any other necessary coverages required by the law of the state which my vehicle is garaged in will be satisfied by the insurance coverage on my leased vehicle. **If the coverage requirements outlined by my lease agreement are not the above limits, I understand that it is my responsibility to notify my insurance provider of the requirements.**

Insureds Name _____

Insureds Signature _____

Insureds Address _____

Insureds Phone _____

CULA, LLC. must be listed as Additional Insured.

_____ must be listed as **Loss Payee.**

FINANCIAL INSTITUTION NAME

Certificate of insurance showing both designations is to be emailed or mailed to:

INSURANCE SERVICE CENTER

P.O. BOX 6458

TIMONIUM, MD. 21094

PHONE: (800) 695-8419

FAX: (267) 295-6099

EMAIL: CULA@LTSINC.COM

Insurance Verified by Dealer Representative (Signature Required)

Phone Number

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My signature indicates I have verified the lessee has comprehensive and collision coverage and the liability limits listed on the signed lease agreement on the vehicle identified above.