



P.O. BOX 7006 • FLINT, MI 48507-0006 • (800) 748-0451



STORAGE AGREEMENT

Temporary Waiver of Collision Insurance Requirement

| | | | |
|--------------|---------|--------|-------|
| Member Name: | | | |
| Account #: | Loan #: | | |
| VIN#: | Make: | Model: | Year: |

Exact physical location of collateral while in storage:

Address: _____

City/State/Zip: _____

Reason for storage: _____

I, (pre-fill mbr's name) am requesting Financial Plus Credit Union to waive the requirement of collision damage insurance coverage for the collateral listed above. I will not operate the collateral during the time periods listed below.

For the period beginning _____ and ending _____ (up to 6 months).

I understand that it is a violation of this agreement to operate the vehicle without comprehensive and collision insurance at any time during the period specified above.

I understand and agree that my failure to maintain comprehensive coverage during the time period stated above may result in Financial Plus Credit Union purchasing coverage to protect its interest in the collateral at my expense, or I may be deemed to be in default of the terms and conditions of my loan agreement. At the end of the storage period, I will provide proof of comprehensive and collision insurance to Financial Plus Credit Union. If the collateral is not covered by comprehensive and collision insurance by the end of the storage period, I may be deemed to be in default of the terms and conditions of my loan agreement, unless a new Storage Agreement is requested by me and approved by the credit union.

I understand and agree that I will keep the collateral in storage and will not operate it and shall be strictly liable for any damage to the collateral irrespective of whether insurance coverage is provided.

Member's Signature _____ Date _____

| | | |
|--|-------|-----------------|
| Internal Use only Financial Plus Credit Union | | |
| Approved by: | Date: | Confirmation #: |