

NORTH SHORE BANK

RETAIL LOANS REQUEST FOR INSURANCE

DEALERSHIP INFORMATION			
DEALER NAME		CONTACT NAME	
TELEPHONE		FAX	
COLLATERAL DESCRIPTION			
VEHICLE IDENTIFICATION NUMBER		YEAR MAKE AND MODEL	
BORROWER INFORMATION			
BORROWER NAME			
ADDRESS		CITY	STATE ZIP
COVERAGE INFORMATION			
COVERAGE PHYSICAL DAMAGE DEDUCTIBLE		MAXIMUM UP TO \$500 DEDUCTIBLE	
INSURANCE INFORMATION			
APPROVAL NUMBER			
AGENCY		AGENT	BUSINESS TELEPHONE
ADDRESS		CITY	STATE ZIP
INSURANCE COMPANY		POLICY NUMBER	INSURED NAME (IF DIFFERENT)
I agree to maintain full insurance on the above referenced unit at all times and to forward the appropriate documents to North Shore Bank, PO Box 390472, Minneapolis, MN 55439-0472			
Signature _____		Date _____	

LOAN #

FOR BANK USE ONLY