



NORTH SHORE BANK RETAIL LOANS

PLEASE FAX THIS COMPLETED FORM TO:

FAX: 1-800-437-6240
Hours: 7:30 a.m. - 9:00 p.m. Monday - Thursday
 7:30 a.m. - 6:00 p.m. Friday
Telephone: 1-800-437-6241

REQUEST FOR INSURANCE

DATE _____

INSURANCE CO. _____

DEALERSHIP _____

POLICY NUMBER _____

DEALERSHIP PHONE () _____

EXPIRATION DATE _____

EFFECTIVE DATE _____

BODILY INJURY LIMITS _____

CUSTOMER _____

COMP/COLL DEDUCTIBLES _____

ADDRESS _____

HOME PHONE () _____

AGENCY _____

BUSINESS PHONE () _____

AGENT _____

DRIVER'S LICENSE _____

ADDRESS _____

DATE OF BIRTH _____

PHONE () _____ PER _____

YEAR _____ MAKE _____

PLANNED DELIVERY DATE _____

MODEL _____ VALUE \$ _____

APPROVAL NUMBER _____

SERIAL # _____

DEALERSHIP CONTACT PERSON _____

DELETING COVERAGE ON CURRENT AUTO? YES NO (CIRCLE ONE)

IF YES, LIST YEAR, MAKE AND MODEL _____

COMMENTS: _____

I agree to maintain full insurance on the above referenced unit at all times and to forward the appropriate documents to North Shore Bank, P.O. Box 390472, Minneapolis, MN 55439-0472.

Signature _____ Date _____