



# 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 \_\_\_\_\_