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	MAXIMUM
PHYSICAL DAMAGE DEDUCTIBLE	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