To provide protection against financial loss, I understand that my installment contract requires that the vehicle must be continuously covered with comprehensive and collision insurance. I further understand that the above detailed insurance coverage can not have deductibles higher than \$500 and that Nicholas Financial, Inc. must be listed as loss payee.

If at any time I fail to provide insurance as described above, Nicholas Financial, Inc. has the right to declare the entire unpaid balance immediately due and payable, or to purchase *limited physical damage insurance* and add the premium charge to my account. I understand that these charges will be paid from payments I make prior to any principal reduction. Additionally, *I understand that limited physical damage insurance does not provide bodily injury and liability coverage for property damage and may only protect the collateral interest of Nicholas Financial, Inc.*

Accordingly, I have arranged for the required insurance through the insurance company shown below and have confirmed that the policy contain a loss payable endorsement in favor of Nicholas Financial, Inc.

Buyer/Insured Signs			Date:				
Loss Payee:	Nicholas Financial, Inc. P.O. Box 941060 Maitland, FL 32794-1060						
Buyer/Insured:							
Name							
Address							
Tel. No.	Drivers Li	Drivers License #					
Vehicle Insure	d:						
Year	Make	Model	Model		Vin #		
Insurance Agent:				Insurance Carrier:			
Name			Name				
Address				Policy #			
City, State, Zip			Effective From To				
Tel. No.				Coverage:			
			Collision		\$	Deductible	
			Comprehensive		\$	Deductible	
Agents Comm	ent						
Confirmation:							
() Agency () Insurance Carrier Contact			() N.F.I. Loss Payee				
Confirmed By:							