



STORAGE REQUEST FORM

Temporary waiver of Collision Insurance

Name on Account

Date of Notice:

Vehicle: _____

Loan Number: _____

Reason for Storage: _____

Exact Physical Location of Collateral While in Storage:

Address: _____

City/State/Zip: _____

I, _____, am requesting that the requirement to maintain collision insurance on the above listed collateral be waived for the period beginning _____ (up to 6 months). Damage claims may not be filed for this collateral during the storage period. During this period, I agree to maintain comprehensive coverage and keep this collateral in storage.

I understand that failure to maintain coverage during this time may result in Intrepid Credit Union purchasing coverage at the borrower's expense to cover their interest in the collateral. At the end of this time period, you will receive a letter requesting proof of comprehensive and collision insurance.

Borrower's Signature

Date

Please note that this storage request is pending approval by Intrepid Credit Union. Please allow two weeks for processing, after which time you may call to verify approval of your storage request. The completion of this form does not guarantee automatic approval of the storage request. (Loan must have 12 months of payment history to qualify)

After Completing, please return this form to Intrepid Credit Union at the following address:

Intrepid Credit Union
PO Box 159
Helena, MT 59624

Lender's Authorized Signature

Date

Approved _____

Not Approved _____