



AGREEMENT TO FURNISH ACCIDENTAL PHYSICAL DAMAGE INSURANCE

CAUTION: IT IS IMPORTANT THAT YOU THOROUGHLY READ THIS BEFORE YOU SIGN IT.

I hereby agree to furnish  Century Bank Collision and Comprehensive Insurance Coverage on the Vehicle(s) described below. I understand that this insurance is a requirement of the contract.

Insured agrees to keep said vehicle insured with respect to collision, comprehensive, fire and theft coverage for the actual cash value of the vehicle. The customer's inability or failure to obtain said insurance or the cancellation of said insurance, either with or without fault on the part of the customer shall constitute a breach of the customer's obligation pursuant to this loan, which shall entitle the Bank to demand payment in full on the then existing indebtedness at the option of the Bank.

In the event of uninsurable loss, I am fully aware that this in no way alters my original indebtedness to  Century Bank

If you fail to provide or maintain acceptable insurance, we have the right to purchase insurance and add the cost to the amount due on your loan and charge you interest at the interest rate set forth on the note and security agreement. We have the right to apply the proceeds of the insurance to the amount due on this loan or let the proceeds be used in replacing or repairing the collateral.

NAMED PURCHASER: (PRINT) _____
FIRST MIDDLE LAST

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

TELEPHONE NUMBER: () _____
AREA CODE

(PRINT)

NAME OF INSURED IF DIFFERENT FROM PURCHASER _____

NAME INSURED SIGNS _____ DATE _____

VEHICLE INSURED:

YEAR MAKE BODY MODEL SERIAL NUMBER

Insurance Agent:

NAME _____

NUMBER AND STREET _____

CITY, STATE ZIP _____

AGENT'S TELEPHONE NUMBER _____

Insurance Company:

NAME _____

POLICY NUMBER _____

EFFECTIVE DATE: FROM TO

COVERAGE


() Collision _____ Deductible

() Comprehensive

Type: () Broad Form or Standard () Fire Theft () Limited

DEALER CONFIRMATION:

NAME OF PERSON CONTACTED _____

 Century Bank Loss Payee: _____ Yes _____

() Agency () Insurance Co.

CONFIRMED BY _____

DATE _____

DEALER/SALESPERSON SIGNS _____ DEALER _____

I acknowledge a receipt of this agreement.

WITNESS _____

SIGNATURE _____

MAIL INSURANCE TO:  CENTURY BANK
P.O. Box 647
Lucedale, MS 39452

ADDRESS _____

DATE _____