

INSURANCE VERIFICATION FORM

***This form must be completed, signed by the customer, and submitted with every contract purchased by New City Funding Corp.**

NAME OF PURCHASER: _____
(Must match names (s) on Certificate of Title)

YEAR, MAKE, AND MODEL OF AUTO PURCHASED: _____

INSURANCE COMPANY: _____

POLICY OF BINDER NUMBER: _____

NAME OF AGENT: _____

AGENT PHONE NUMBER: _____

DEDUCTIBLE COMPREHENSIVE: \$500 Max _____ COLLISION: \$500 Max _____

DATE VEHICLE ADDED TO POLICY: _____

DATE EXISTING POLICY EXPIRES: _____
(If Applicable)

IS A PHOTO INSPECTION REQUIRED BY THE INSURANCE COMPANY? Yes No

IS NEW CITY FUNDING CORP. at either P.O. Box 121 or 146 South Liberty Drive, Unit 11B, Stony Point, NY 10980 listed as LIEN HOLDER (LOSS PAYEE) for the financed vehicle? Yes No

VERIFIED BY: _____
(Dealer)

I, _____, understand that I am obligated to carry comprehensive and collision insurance coverage, at deductibles no higher than **\$500.00** for each coverage, on my financed vehicle for the entire term of my loan with **NEW CITY FUNDING CORP.** Within 60 days of purchase of my vehicle, I will deliver to **NEW CITY FUNDING CORP.** an endorsed auto policy, showing my financed vehicle, full coverage insurance, and **NEW CITY FUNDING CORP.** listed as LIEN HOLDER. Additionally, if you change your insurance carrier or are involved in an auto accident, you are responsible for noticing NCFC **immediately.**

(Customer Signature)