



Main Office
 958 W. Monroe Street
 Jackson, Michigan 49202
 Phone: (517) 787-2220
 Toll Free: (800) 336-8210
 Fax: (517) 787-7082

Vehicle Storage Waiver

Today's date	South Central Credit Union - 1733 <small>Name of financial institution</small>
Borrower's name	Loan number

Vehicle Description(s):

We respectfully request that Allied Solution waive the insurance requirement on the aforementioned vehicle(s), effective _____ to _____, for the *reason listed below

You (*the borrower*) are assuming all liability and responsibility for any damage that may occur to said vehicle during the forced place CPI policy period, and you agree to hold harmless South Central Credit Union and its forced place insurance carrier(s). You understand that if a claim has been paid or is pending for this time frame the waiver may not be granted. If no claim has been paid or is pending and the waiver is accepted, neither South Central Credit Union or our insurance carrier(s) shall be liable for the collateral or any claims that may occur to the collateral during this time. You Agree that this waiver of vehicle storage remains in effect until 12am PST on the requested expiration date.

I understand I **MUST supply SCCU with PROOF OF STORAGE INSURANCE** from my insurance provider. Please mail or email us at loans@southcentralcu.org.

Borrower Print Name: _____ Date: _____

Borrower Signature: _____

Manager Signature: _____ Date: _____

FOR INTERNAL USE ONLY	
Date received _____	Reviewed by _____
Date Approved / Denied _____	Returned Premium Amount _____
Certificate Number _____	
<input type="checkbox"/> Exception approved. Waive CPI effective _____	
<input type="checkbox"/> Exception not approved. Further documentation required _____	
<input type="checkbox"/> Exception not approved. Reason _____	
Comments _____	
<small>* Reason must accompany request to be considered for an exception.</small>	