

Vehicle Storage Waiver

	South Central Credit Union - 1733
Today's date	Name of financial institution
Borrower's name	Loan number
Vehicle Description(s):	
-	Year/Make/Model/VIN
We respectfully request that Allied Sol to Ending Date The second secon	lutions waive the insurance requirement on the aforementioned vehicle(s), effective for the *reason listed below:
place CPI policy period, and you agree to ho understand that if a claim has been paid or paid or is pending and the waiver is accepte	and responsibility for any damage that may occur to said vehicle during the forced old harmless South Central Credit Union and its forced place insurance carrier(s). You is pending for this time frame the waiver may not be granted. If no claim has been ed, neither South Central Credit Union or our insurance carrier(s) shall be liable for to the collateral during this time. You Agree that this waiver of vehicle storage quested expiration date.
Borrower Print Name:	Date:
Borrower Signature:	
Manager Signature:	Date:
F	
Date received	FOR INTERNAL USE ONLY Reviewed by
Date Approved / Denied	Returned Premium Amount
Certificate Number_	
Exception approved. Waive CPI effective	
Exception not approved. Further documentat	tion required
Comments	
* Reason must accompany request to be considered	for an exception.