

**AGREEMENT TO PROVIDE INSURANCE (RETAIL)**

This is to certify that \_\_\_\_\_ has

auto insurance coverage with a \$ \_\_\_\_\_ deductible with

\_\_\_\_\_  
(Insurance Agent)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

on the following vehicle: \_\_\_\_\_ Year, Make & Model

\_\_\_\_\_  
Vehicle Identification No.

**LOSS PAYEE ADDRESS:**

**Chrysler Capital  
P.O. BOX 3610  
Carmel, IN 46082**

Dealer Signature \_\_\_\_\_

Customer Signature \_\_\_\_\_

Insurance Valid as of \_\_\_\_\_