



banking done different

1440 Rosecrans Avenue, Manhattan Beach, CA 90266  
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# Vehicle Insurance Waiver Request

This form serves as a request for a temporary waiver of only collision insurance for autos, motorcycles, and RVs. By completing this form, you acknowledge you are aware of and responsible for the associated risks that might ensue if your state's DMV requirements are not met.

MEMBER INFORMATION			
First Name	MI	Last Name	
Member Number	Loan Number Requesting Waiver On		
Address			
City	State	Zip	
Phone Number	Email Address		
COLLATERAL INFORMATION			
Year	Make	Model	VIN
Reason for waiver request			
_____			
_____			
_____			
_____			

### Specific time frame vehicle will be in storage (MM/DD/YY)

From \_\_\_\_\_ To \_\_\_\_\_ (up to 6 months)

### Address where vehicle will be stored

\_\_\_\_\_

### Borrower Acknowledgement

I am requesting that the requirement to maintain collision insurance on the above listed collateral be waived for the specific time frame referenced above. Collision Damage claims may not be filed for this collateral during the storage period. During this period, I agree to maintain comprehensive insurance coverage and keep this collateral in storage.

I understand that failure to maintain comprehensive coverage during this time may result in Kinecta Federal Credit Union purchasing coverage at my expense to cover their interest in the collateral. At the end of this period, I will receive a letter requesting proof of comprehensive and collision insurance.

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

IF NOT SIGNING ELECTRONICALLY, PLEASE RETURN THIS FORM FOR PROCESSING:			
<b>By Fax:</b> 310.727.8225 Attention: Loan Servicing	<b>By Mail:</b> Kinecta Federal Credit Union Attention: Loan Servicing CU/77 2100 Park Place El Segundo, CA 90245	<b>By Email:</b> loanservicing@kinecta.org	<b>By visiting</b> any Kinecta Member Service Center

CREDIT UNION USE ONLY	
Processed by	User #
Signature	Date