



AGREEMENT TO PROVIDE INSURANCE

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.

LIENHOLDER ADDRESS:

**Santander Consumer USA Inc.
PO Box 47260
Atlanta, GA 30362**

Dealer Signature _____

Customer Signature _____

Insurance Valid as of _____

