



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 183
Minneapolis, MN 55480-0183**

Dealer Signature _____

Customer Signature _____

Insurance Valid as of _____

