



## 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 30362-0260**

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

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

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

