

VERIFICATION OF INSURANCE COVERAGE MUST BE OBTAINED PRIOR TO FUNDING

Date: 7/01/2024

To: Insurance Co./Agent: _____
Insurance Co./Agent Address: _____
Insurance Co./Agent Phone No.: _____ Email Address: _____

From: Insurance Department Phone: 800-680-3002

Contract # 233291

Customer/Insured: SINGH, ARSHDEEP

Address: 3385 SMOKETREE DR UNIT 272

City/State/Zip: SACRAMENTO, CA 95834

Please send a copy of this information to your agent to get the coverage needed and correct certificate of insurance created.

Mitsubishi HC Capital America, Inc. has entered into a financial arrangement with the above Customer for the Collateral above, and our contract requires the Customer to maintain, at all times, the following required insurance coverage. **PLEASE MAKE SURE ALL 6 ITEMS ARE INCLUDED ON THE INSURANCE CERTIFICATE OR BINDER TO AVOID THE NEED TO ASK YOU FOR REVISIONS:**

1. **Full Collateral Description, VIN # and Serial Number(s) as reflected below:**

<u>QUANTITY</u>	<u>COLLATERAL DESCRIPTION</u>	<u>VIN # / SERIAL NUMBER</u>
1	2018 UTILITY - \$600 - REFRIGERATED TRAILER (USED)	1UYVS2532JU850075 GRN0004303

2. **Loan Liability Coverage:** MUST satisfy Federal or State insurance requirements to legally operate said vehicle.
3. **Physical Damage Insurance:** Coverage provides a standard Lender's Loss Payable clause showing Mitsubishi HC Capital America, Inc.'s interest and naming Mitsubishi HC Capital America, Inc. as Loss Payee, including extended coverage for **COMPREHENSIVE AND COLLISION**. This insurance is required in an amount equal to your Equipment Cost - **\$37,520.00** or replacement value, whichever is the greater.
4. **Maximum deductible: \$3,000.00.**
5. **Loss Payee information must be entered EXACTLY:**
Loss Payee: Mitsubishi HC Capital America, Inc., its successors and/or assigns ("ISAOA")
P.O. Box 128
Itasca, IL 60143-0128

COMMON MISTAKES:

not including: its successors and/or assigns. (You MAY abbreviate to: ISAOA)
incorrect Mitsubishi HC Capital America, Inc. spelling- such as leaving off "**Incorporated**" or using "Inc."

6. **A Minimum Thirty (30) Day Binder\Certificate Required.** Coverage is to include: (1) insurance against all risks of physical loss or damage to Equipment and (2) liability insurance (including blanket contractual liability coverage and products liability coverage) for personal and bodily injury and property damage. In addition, Mitsubishi HC Capital America, Inc. is to receive **thirty (30) day** prior written notice of cancellation or material change in coverage.

Please scan and email a copy of the insurance certificate or binder to documentationEF@mhccna.com or insurance@mhccna.com. Your consideration and prompt attention in this matter is appreciated. If further information is needed, please contact us at **(800) 680-3002**.