

INSURANCE VERIFICATION AGREEMENT

Borrower:

Secured Party: Riverside Bank
11 Garden Street
Poughkeepsie, NY 12601

Owner:

Description of Collateral :

BANK USE ONLY

Loan Date: _____

Loan Number: _____

Loan Amount: _____

Coverage: (for the full replacement value of the Collateral)

___ Automobile Coverage – Insurable Value: _____ Deductible: \$500.00

___ General Business Assets Coverage
– Insurable Value: _____ Deductible: \$500.00

___ Homeowner's Coverage – Insurable Value: _____ Deductible: \$500.00

Status: ___Lienholder ___Mortgagee ___Loss Payee

INSURANCE COMPANY INFORMATION

INSURANCE AGENCY AND AGENT:

Agent Name _____

Address: _____

Phone Number: _____ Fax # _____

I, the undersigned, understand that insurance coverage will be issued ONLY if the loan applied for has been approved.

I, the undersigned, also agree and authorize my insurance agent listed above to have Riverside Bank* listed on the insurance policy and to maintain current coverage for the life of the loan.

*** Riverside Bank - with a business address of 11 Garden Street, Poughkeepsie, NY 12601.**

BORROWER SIGNATURE: _____ Date: _____