



# NORTH SHORE BANK

## PLEASE FAX THIS COMPLETED FORM TO:

**FAX: 1-800-437-6240**

Hours: 7:30 a.m. - 9:00 p.m. Monday - Thursday

7:30 a.m. - 6:00 p.m. Friday

Telephone: 1-800-437-6241

## ADDITIONAL INSURED AND LOSS PAYEE SHOULD READ:

NORTH SHORE BANK

P.O. BOX 390472

MINNEAPOLIS, MN 55439-0472

DATE \_\_\_\_\_

DEALERSHIP \_\_\_\_\_

DEALERSHIP PHONE ( ) \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

LESSEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_

MODEL \_\_\_\_\_ VALUE \$ \_\_\_\_\_

SERIAL # \_\_\_\_\_

DEALERSHIP CONTACT PERSON \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BODILY INJURY LIMITS \_\_\_\_\_

COMP/COLL DEDUCTIBLES \_\_\_\_\_

ADDITIONAL INSURED - YES NO

LOSS PAYABLE - YES NO

AGENCY \_\_\_\_\_

AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ PER \_\_\_\_\_

PLANNED DELIVERY DATE \_\_\_\_\_

**APPROVAL NUMBER** \_\_\_\_\_

DELETING COVERAGE ON CURRENT AUTO? YES NO (CIRCLE ONE)

IF YES, LIST YEAR, MAKE AND MODEL \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Note: Must be signed by lessee. Carefully review this document. You are required to carry a \$500.00 deductible on collision, a \$250.00 deductible on comprehensive, \$100,000/\$300,000 in bodily injury and \$50,000 in property damage coverage. If you are a business, the collision and comprehensive requirement is a \$500.00 deductible. I agree to the above coverage requirements.

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Date