Latvian Credit Union 3152 – 17th Avenue South Minneapolis MN 55407-1821 612-722-5004

NOTICE OF REQUIREMENT AND AGREEMENT TO PROVIDE PHYSICAL DAMAGE AND COMPREHENSIVE INSURANCE TO LATVIAN CREDIT UNION

As part of the consideration in receiving the extension of credit from Latvian Credit Union of Minneapolis – St. Paul, the undersigned hereby agrees to provide this credit union with a certificate of insurance evidencing physical damage and comprehensive coverage on the assets pledged as collateral for the loan, naming the Latvian Credit Union as lienholder. The maximum deductible allowed is \$500.00.

If the undersigned fails to provide this certificate of insurance coverage, or fails to maintain it for the duration of the loan, the credit union, at its option, may provide said collateral protection insurance coverage. The credit union will add the costs of such coverage it so provides to the outstanding loan obligation. The credit union, however, is under no obligation to provide said insurance coverage in the event the undersigned fails to maintain it.

In the event collateral protection insurance is obtained by the credit union, the monthly payment WILL be adjusted upward to amortize the insurance premium over a twelve-month period. If it is necessary to add collateral protection insurance for a second year, the loan account balance will be IN DEFAULT and normal collection procedures will commence.

The undersigned acknowledges that if the credit union does provide said insurance coverage, it is intended to protect the credit union ONLY from loss under physical damage and comprehensive damage, and does not protect the undersigned's equity in the collateral nor does it provide any liability coverage for the undersigned.

The undersigned credit union member acknowledges receipt of a copy of this agreement.

Dated:______ Signed :_____ Member NO:_____

Collateral Description:_____ I intend to provide proof of insurance through:

Insurance Company:______

Agent Name and Telephone:_____ (____)____