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Insurance Verification Form

I understand that I must provide CONE Credit Union with evidence of insurance, and that:

1. I must maintain insurance on the collateral securing my loan against direct loss or damage in an amount sufficient to cover the unpaid balance of the Note.
2. I shall pay the premiums when due and the insurance policy obtained must contain a clause naming CONE Credit Union as an additional insured or lien holder.
3. The policy must have a deductible of not more than \$500.00.
4. The coverage will be kept in force for the life of the loan.

I hereby allow CONE Credit Union to contact my insurance agency to add or remove CONE Credit Union as lien holder/mortgagee. Please use the below information as verification of coverage.

Insurance Company: _____

Insurance Agent: _____

Agent Ph. #: _____

Policy #: _____

Collateral: _____

Member Name: _____