

Security Service Federal Credit Union Comprehensive Only Insurance Form for Deployed Military Members

- This form serves as a request for a temporary waiver of only collision insurance for autos, motorcycles, and RVs.
- **Deployed** military members who keep their vehicles in a storage facility, locked garage, military vehicle storage compound or rental storage **are allowed to temporarily remove collision insurance coverage from their policy but must maintain comprehensive insurance coverage with a maximum deductible of \$1,000.00.**
- Security Service Federal Credit Union reserves the right, without prior notice, to cancel the waiver if the collateral is considered in jeopardy. In the event this waiver is cancelled or expires, the original rights, obligations, terms and conditions relating to insurance coverage on loan agreements shall apply.
- **Member must provide Copy of Military Orders, Copy of current Vehicle Registration and Confirmation of Insurance Coverage.**

Member Information			
Name	MI	Last	Suffix
Address of Record: Street			
City	State	Zip Code	
Phone No.	Loan # requesting wavier on		
Collateral Info			
Year	Make	Model	Last 6 of VIN No.
Reason for waiver request:			
Specific time frame vehicle will be in storage (MM/DD/YY)			
From:	To:		
Address where vehicle will be stored: Street			
City	State	Zip Code	

- Member agrees to continue to hold comprehensive insurance while vehicle is in storage. *(Initial)* ▶ _____
- Member agrees to continue to make timely payments to the credit union, insurance company and the storage facility (if applicable) *(Initial)* ▶ _____
- Member agrees to not operate the vehicle or allow any third party to operate the vehicle until full coverage insurance has been reinstated as required by loan agreement. *(Initial)* ▶ _____
- Member agrees to reinstate full coverage insurance at the end of the waiver or loan may be subject to a force placed insurance policy *(Initial)* ▶ _____
- Member understands the extent and limitations of this coverage and will defend, indemnify and hold Security Service harmless to any damage that may occur while this full coverage waiver is in effect. *(Initial)* ▶ _____

How to Submit This Form		Please allow up to two business days for a response.	
FAX: 210-444-3124	ATTN: Servicing Supervisor	EMAIL:Recoverysupport@ssfcu.org	
For Security Service Federal Credit Union Use Only			
Security Service Federal Credit Union has signed Promissory Note and Title on file <i>(employee initial)</i> ▶ _____			
<input type="checkbox"/> Request Approved	Waiver Expires:	Member No:	<input type="checkbox"/> Request Denied and Reason: