

## Collision Waiver Form

Lending Institution: \_\_\_\_\_

Lending Institution Account Number: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Collateral: \_\_\_\_\_

Collision Waive Date: \_\_\_\_\_ Collision Waived by: \_\_\_\_\_

Reason for Waive: \_\_\_\_\_

*I understand that by waiving the collision requirement for this loan, all tracking for collision coverage by ISI will cease. The waived status may not be removed to file a claim, or at any point in the future to resume tracking of collision coverage. This loan will not be covered under the Master Policy for any loss or potential claim due to the absence of collision coverage.*

By signing this form, I, "Lender" agree to accept all risk mentioned above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_