



Verification of Insurance Coverage

This is to certify that _____ has
(Name of Borrower)

collision and comprehensive coverage with a **maximum of \$ 500** deductible with:

(Name of Insurance Company)

Policy Number _____ on the following vehicle:

Vehicle Serial Number _____

Year, Make, and Model _____

Bristol County Savings Bank is listed as Loss Payee and

this insurance valid as of: _____
(Binder/Policy Date)

Signature _____
(Signature of Borrower)

First lien holder:
Bristol County Savings Bank
29 Broadway
Taunton, MA 02780
Lien holder code - 01138