**Vehicle: DATA01**

**VIN NUMBER: DATA02**

**MILEAGE: DATA05 – KEY NO: DATA07 - PAYOFF TIME: DATA06 months**

**Insurance Requirements**

**STEP 1:**

🡪 We require **Comprehensive and Collision** coverage.

🡪 with a maximum **deductible of $1000.00 or less.**

**STEP 2:**

🡪 **DATA03** must be the **LIEN HOLDER or FINANCE COMPANY** listed on the policy.

**STEP 3:**

🡪 **Send proof (DECLARATION OR BINDER) by email only to**

**DATA04**

* The vehicle + Owner and anyone that drives the vehicle must be listed.
* We **DO NOT ACCEPT** Liability only insurance or SR22 only.

**SUGGESTED INSURANCE COMPANIES:**

|  |  |
| --- | --- |
| **DETLEF INSURANCE:** (419) 693-7458 - 833 Woodville Rd, Toledo, OH 43605**TRUECUT INSURANCE:** (330) 414-1150 - 1963 State Rd, Cuyahoga Falls, OH **1ST OHIO INSURANCE LLC:** (216) 678-9400 OR 440-534-4400 |  |

**(WE DO NOT ACCEPT FIRST CHICAGO OR LIBERTY MUTUAL)**