



## Verification of Insurance Coverage

Please confirm proof of coverage for:

Make:	Model:	Serial #:	Cost:
* _____			
* _____			
* _____			

As part of Kubota Credit Corporation's financing terms, the following coverage is required: (Please check the appropriate box as verification of coverage)

- |  |  |
|--|--|
| <input type="checkbox"/> On & Off Property | <input type="checkbox"/> Wind                        |
| <input type="checkbox"/> Accidental Damage | <input type="checkbox"/> Roll Over (Upset)           |
| <input type="checkbox"/> Collision         | <input type="checkbox"/> Fire                        |
| <input type="checkbox"/> Theft             | <input type="checkbox"/> In-Transit                  |
| <input type="checkbox"/> Vandalism         | <input type="checkbox"/> Flood (Including Hurricane) |

\*\*\*The Loss Payee to be listed on the insurance policy is: Kubota Credit Corporation, 1000 Kubota Drive, Grapevine Texas, 76051. By signing and returning this form, you are confirming that the customer has met the coverage requirements set forth by Kubota Credit Corporation. Please email this form back to dealer.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_