



# INSURANCE NOTIFICATION / AUTHORIZATION

Date \_\_\_\_\_

TO LESSOR: LHPH, LLC 3111 Camino Del Rio North, Suite 203, San Diego, CA 92108

The undersigned Lessee(s) agree(s) to furnish an insurance certificate covering the vehicle which is the subject of a Lease Agreement dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

The vehicle referred to herein is described as follows:

Year	Make	Model	Body	Identification Number

Such insurance certificate must be delivered, as indicated below, within **30** days from the date hereof and indicate maintenance of insurance described below. If Lessor does not receive such certificate, or other satisfactory evidence of coverage, it may exercise its default remedies under the lease.

Ins. Co. \_\_\_\_\_ Agent \_\_\_\_\_

Address of Agent – Street	City	State	Zip	Agents Phone Number

Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

By my signature below, I authorize the following changes / additions to accommodate my automobile lease, and I agree to provide a copy to my insurance agent.

**Requirements unless the vehicle is garaged in a state which has minimum requirements:**

<b>\$100,000</b> <b>Bodily Injury</b> <b>Per Person</b>	<b>\$300,000</b> <b>Bodily Injury</b> <b>Per Accident</b>	<b>\$50,000</b> <b>Property</b> <b>Damage</b>	<b>\$1,500</b> <b>Maximum</b> <b>Deductible</b> <b>Comprehensive</b>	<b>\$1,500</b> <b>Maximum</b> <b>Deductible</b> <b>Collision</b>
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**While the vehicle is garaged in a state, which has minimum requirements, my liability insurance only needs to satisfy the state mandated minimum liability limits.**

Lessee Name \_\_\_\_\_ Lessee Address \_\_\_\_\_ Lessee Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Business or Cell Phone \_\_\_\_\_ Co-Lessee Signature \_\_\_\_\_

\_\_\_\_\_  
Lienholder \_\_\_\_\_ must be listed as **Loss Payee**,  
**and**  
**LHPH** must be listed as **Additional Insured**,  
Certificate of insurance showing both designations is to be mailed to:

**INSURANCE SERVICE CENTER**  
**P.O. BOX 6093**  
**TIMONIUM, MD. 21094 -6093**

**PHONE: (800) 394-6984      FAX: (410) 472-0532**

Insurance Verified By (Signature Required)  My signature indicates I have verified the lessee has at least the state required minimum liability insurance limits on <b>the vehicle identified above.</b>	Phone Number ( )
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