

# STORAGE REQUEST FORM



## Temporary Waiver of Collision Insurance

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

Loan Number: \_\_\_\_\_ Year / Make / Model: \_\_\_\_\_

### Reason for storage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Exact physical location of collateral while in storage:

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

I am requesting that the requirement to maintain collision insurance on the above listed collateral be waived for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ (six-month maximum). Damage claims may not be filed for this collateral during the storage period. During this period, I agree to maintain comprehensive coverage and keep this collateral in storage.

**I understand that failure to maintain comprehensive coverage during this time may result in BECU purchasing coverage at my (the borrower's) expense to cover their interest in the collateral. At the end of this time period, I will receive a letter requesting proof of comprehensive and collision insurance.**

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that this storage is pending approval by BECU. Please allow two weeks for processing, after which time you may call 206.812.5181, opt. 4 to verify approval of your storage request. **Completion of this form does not guarantee automatic approval of the storage request.**

**After completing, please return the completed form to BECU via:**

**Email:** [cpi@becu.org](mailto:cpi@becu.org)

**Fax:** 206.805.2251

**Mail:** BECU  
PMSS M/S 1035-1  
PO Box 97050  
Seattle, WA 98124

### Internal Use Only

Lender Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_