

Vehicle Insurance Waiver Request Form

- ▶ This form serves as a request for a temporary waiver of only collision insurance for autos, motorcycles, and RVs.
- ▶ By completing this form, you acknowledge you are aware of and responsible for the associated risks that might ensue if your state's DMV requirements are not met.

Member Information				
Name	MI	Last	Suffix	Access No.
Address of Record: Street				
City		State		Zip Code
Phone No.			Loan # requesting waiver on	
Collateral Info				
Year	Make	Model	VIN No.	
Reason for waiver request				
Specific time frame vehicle will be in storage (MM/DD/YY)				
From: _____ To: _____				
Address where vehicle will be stored				

Navy Federal has signed Promissory Note and Title on file *(initial)* ▶ _____

Member agrees to continue to hold comprehensive (fire & theft) insurance while vehicle is in storage. Member agrees to reinstate collision coverage prior to operation of the vehicle. *(Initial)* ▶ _____

How to Submit This Form		
FAX: 703-255-7975	ATTN: COLLATERAL CONTROL	EMAIL: TITLES@NAVYFEDERAL.ORG

▶ Please allow 24 to 48 hours for a response.

For Office Use Only		
<input type="checkbox"/> Request Approved	Waiver Expires: _____	<input type="checkbox"/> Request Denied and Reason: