

Notice Regarding Collateral Protection Insurance

Date:

(per MO Rev. Statutes Section 427.1208)

| | |
|------------------------------|-------------------------|
| BORROWER(S) NAME AND ADDRESS | LENDER NAME AND ADDRESS |
|------------------------------|-------------------------|

Unless you provide evidence of the insurance coverage required by your agreement with us, we may purchase insurance at your expense to protect our interests in your collateral. This insurance may, but need not, protect your interests. The coverage that we purchase may not pay any claim that you make or any claim that is made against you in connection with the collateral. You may later cancel any insurance purchased by us, but only after providing evidence that you have obtained insurance as required by our agreement. If we purchase insurance for the collateral, you will be responsible for the costs of that insurance, including the insurance premium, interest and any other charges we may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The costs of the insurance may be added to your total outstanding balance or obligation. The costs of the insurance may be more than the cost of insurance you may be able to obtain on your own.

By signing below, I acknowledge receipt of this Notice.

Borrower Date

Borrower Date

Borrower Date

Borrower Date