

# Insurance Form



Wells Fargo Equipment Finance, Manufacturer and Dealer Finance  
800 Walnut Street | 4th Floor | Des Moines, IA 50309

Account Number

dated as of **August 24, 2023**

Name and Address of Customer:  
**LOWNDES COUNTY, GA**  
**327 N Ashley St**  
**Valdosta, GA 31601-5504**

## **THIS FORM MUST BE COMPLETED BY THE CUSTOMER**

**DIRECTIONS: PLEASE COMPLETE THE FOLLOWING AND RETURN WITH YOUR SIGNED TRANSACTION DOCUMENTS. Send a completed copy of this form to your Insurance Provider.**

### 1. PROPERTY INSURANCE CARRIER INFORMATION.

Name of Insurance Agency:	Name of Agent:
Mailing Address of Agency:	Phone Number of Agency:
Email Address of Agency:	Policy Number:

### 2. LIABILITY INSURANCE CARRIER INFORMATION.

Name of Insurance Agency:	Name of Agent:
Mailing Address of Agency:	Phone Number of Agency:
Email Address of Agency:	Policy Number:

**IMPORTANT:** Under the terms and conditions of your transaction, you are required to carry adequate insurance coverage on the leased/financed equipment. Make sure that your agent understands that you are financing or leasing the equipment and that your policy conforms with the following:

- Property or physical damage coverage for the replacement value of the equipment.  
WELLS FARGO FINANCIAL LEASING, INC., its successors and assigns, must be named as Loss Payee. Maximum Deductible: \$25,000.00
- General Liability Coverage: Amounts of \$1,000,000.00 per Individual Occurrence/Combined Single Liability Limit for Property Damage and Bodily Injury.  
WELLS FARGO FINANCIAL LEASING, INC., its successors and assigns, to be listed as additional insured. "Claims-Made Policies" are NOT acceptable.
- Insurance coverage to be applicable to all Equipment leased or financed by **WELLS FARGO FINANCIAL LEASING, INC.** and all accessories, accessions, replacements, additions, substitutions, add-ons and upgrades thereto, and any proceeds therefrom.

**Remit via email to:**

[WFEFMDFGolfandTurf@wellsfargo.com](mailto:WFEFMDFGolfandTurf@wellsfargo.com)

**Remit via fax to:**

Wells Fargo Financial Leasing, Inc., Attn: Golf and Turf Division  
Fax: 866-336-8375

**Please send an ACORD FORM 25, an ACORD FORM 27 or ACORD FORM 28 (as applicable) evidencing adequate insurance coverage to:**

**WELLS FARGO FINANCIAL LEASING, INC.**  
**Attention: Insurance Department**  
**PO Box 35702**  
**Billings, MT 59107**

By completing and returning this form to WELLS FARGO FINANCIAL LEASING, INC. ("Lessor/Lender"), you authorize Lessor/Lender to contact the insurance agencies identified above and further authorize the agencies to issue insurance certificates complying with the above requirements to Lessor/Lender.