



**LANDLORD / INSURANCE INFORMATION FORM**

I authorize Coastal Leasing, Inc., upon credit approval to contact the below listed Landlord/Mortgagee and request the Landlord /Mortgagee to execute a Landlord/Mortgagee pertaining to the equipment as described on schedule "A" attached hereto and made a part hereof.

**Landlord/Mortgagee**

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

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

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

I also authorize Coastal Leasing, Inc., upon credit approval to contact the below listed Insurance company to obtain coverage for the equipment being financed by Coastal Leasing, Inc..

**Insurance Company Information**

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

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

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Agent Name: \_\_\_\_\_

**Lessee**

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

By: \_\_\_\_\_

Title: \_\_\_\_\_

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