

# Proof of Insurance

Please provide **Harris County FCU** with an acceptable insurance policy which meets the requirements below. Please note Insurance ID Cards are not accepted. Policies with excluded drivers are not accepted. You may mail, fax, email, or upload your proof of insurance.



## Policy Requirements

- Insured's Name
- Vehicle Description & VIN
- Comprehensive & Collision deductibles not to exceed **\$1,000.00**
- Policy Number
- Policy Period
- **Harris County FCU** listed as Loss Payee/Lien Holder



**Phone: 866-521-7938**

**M-F: 7am - 9pm CT  
Sat: 8am - 5pm CT**



**Fax: 877-865-6285**



**Email: [hcfcu@myloaninsurance.com](mailto:hcfcu@myloaninsurance.com)**

Acceptable file format - PDF, GIF, PNG, TIF or JGP.



**Upload: <https://www.myloaninsurance.com/hcfcu>**



**Mail: Harris County Federal Credit Union  
P.O. BOX 924364  
Fort Worth, TX 76124**

