

CONFIRMATION OF VEHICLE INSURANCE APPLICATION

Our records indicate that an insurance policy has been applied for as indicated below.

WARNING:

The information below has not been verified. A certified copy of the policy declaration or the terms and conditions of the policy can be obtained upon request. Anyone relying on the information does so at their own risk. The undersigned and the insurer accept no responsibility for any losses suffered by any party as a result of decisions made or actions based on this information, and under no circumstances shall the undersigned or the insurer be liable (in tort, contract or otherwise) for any loss that may occur to any person by reason of their reliance on the information or for any failure to warn the recipient or any other person of any terms or conditions contained in the policy once issued. The insurance coverage described below is subject to all the terms and conditions of the policy of insurance when issued which may limit payment in some circumstances. This form is not a contract.

1. General Information

Insured Name: _____
Address: _____
Vehicle Year: _____
Make/Model: _____
Serial Number: _____
Insurance Brokerage Name: _____
Address: _____

2. Insurance Information

Name of Insurer: _____
Policy Number: _____
Effective Date: _____
Expiry Date: _____
Coverage: Automobile Third Party Liability \$ _____/occurrence \$ _____/aggregate
Collision Deductible \$ _____
Comprehensive Deductible \$ _____
Excess Value (if applicable) Deductible \$ _____ Limit \$ _____
Endorsements: Permission to Rent or Lease Yes _____ No _____
Loss Payable: Name: _____
Address: _____

Dated: _____ Brokerage Name: _____

Per: _____

INTERIM VEHICLE INSURANCE CONFIRMATION

Our records indicate that the insurance policy listed below has been issued to the insured.

WARNING:

The insurance coverage described below is subject to all the terms and conditions of the policy of insurance which may limit payment in some circumstances. A certified copy of the policy declaration or the terms and conditions of the policy can be obtained upon request. The undersigned is not responsible for and disclaims liability for any failure to warn the recipient or any other party of any terms or conditions contained in the policy. The undersigned also disclaims liability for any errors in the information, which are the result of any error in the information provided by the insurer. This form is not a contract.

1. General Information

Insured Name: _____
Address: _____
Vehicle Year: _____
Make/Model: _____
Serial Number: _____
Insurance Brokerage Name: _____
Address: _____

2. Insurance Information

Name of Insurer: _____
Policy Number: _____
Effective Date: _____
Expiry Date: _____
Coverage: Automobile Third Party Liability \$ _____/occurrence \$ _____/aggregate
Collision Deductible \$ _____
Comprehensive Deductible \$ _____
Excess Value (if applicable) Deductible \$ _____ Limit \$ _____
Endorsements: Permission to Rent or Lease Yes _____ No _____
Loss Payable: Name: _____
Address: _____

Dated: _____ Brokerage Name: _____

07/02 Per: _____