

Insurance Confirmation

Attention: _____
Please CONFIRM policy by completing the form in full and fax it back please

Tel: _____ Fax: _____ Email: _____

Lessee: _____

Addition Lessee: _____

<< CAPITAL TRUST FINANCIAL to be listed as additional insurer AND lessor >>

Insurance Company Name: _____

Policy Number _____

Broker: _____

Effective Date: _____ Expiry Date: _____

Year, Make, Model: _____

VIN _____

Limitation of Coverage

Liability _____ (Min. \$1 million for Personal use)

Collision Deductible _____ (Max \$500)

Comprehensive Deductible _____ (Max \$500)

THIS POLICY MUST CONTAIN OPCF 5 ENDORSEMENT. Please initial OPCF 5 Endorsement is active in this policy. _____

This policy must contain an OPCF 5 endorsement and a clause requiring the insurer to give the Lessor thirty (30) days prior written notice of any alteration of the policy or the cancellation or renewal of the policy.

Broker / Agent: _____

Broker / Agent Signature: _____

Date: _____