



INSURACEN CONFIRMATION
URGENT NOTICE TO THE INSURANCE COMPANY

By completing and signing this form, you are confirming Capital Trust Financial is listed as lien holder on the following policy for the listed vehicle below. Please provide copy of insurance slip along with this form and fax to 1-888-239-6450 or email to info@capitaltrustfinancial.com

PURCHASER(S): _____

PURCHASER ADDRESS: _____
(INCLUDING CITY AND POSTAL CODE) _____

VEHICLE: _____

VIN _____

INSURANCE AGENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ EFFECTIVE DATE: _____ EXPIRY: _____

LIEN HOLDER: CAPITAL TRUST FINANCIAL
100 YORK BOULEVARD, SUITE 205
RICHMOND HILL ON L4B 1J8

Privately Insured:

Commercially Insured:

Liability Coverage: _____

Collision Deductible: _____

Comprehensive Deductible: _____

All Perils Deductible: _____

Insurance Agent Name: _____

Insurance Agent Signature: _____