



CONFIRMATION OF INSURANCE - AUTO

Date:

Insured:

Automobile:

Serial Number:

Type of Coverage: Personal Automobile Binder

Amount: Collision:

Comprehensive:

Third Party Liability:

Effective Date:

Conditions: Subject to the terms, conditions, and exclusions of

Loss Payable:

Insured With:

SHARP INSURANCE


This document is not intended to provide evidence that insurance described above has been affected, against which Underwriter's certificate or immediate advice must be given of any errors or omissions or necessary changes.



CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE




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