



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 intended for use as evidence that insurance described above has been affected, against which Underwriter's certificate or policy will be duly issued. Immediate advice must be given of any errors or omissions or necessary changes.

THIS POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE



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T 877.218.2008



100, 1000 Centre Street N
Calgary, AB, T2E 7W6



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