



Canon Financial Services, Inc.

Department: _____

Fax Number: _____

TO: _____ DATE: _____

COMPANY: _____

FAX: _____

FROM: _____ NUMBER OF PAGES INCLUDING COVER SHEET: _____

RE: Proof of Insurance Coverage for the following Customer:

Name: _____

Contract Number: _____

Please fax or send a Certificate of Insurance to either address below:

Canon Financial Services, Inc.
P.O. Box 5008
Mt. Laurel, NJ 08054
Ph. (800) 220-0200
Fx. (856) 813-5122

Premier Lease and Loan Services
15325 SE 30th Place, Ste. 100
Bellevue, WA 98007
Ph. (800) 877-2416
Fx. (425) 649-5918

Canon Financial Services, Inc. must be listed as **Loss Payee** for the following equipment:

Model: _____

Serial Number: _____

Gross Contract Amount: _____

Commencement Date: _____

Certificate **MUST STATE** Property Insurance, "All Risk," "Theft," or "Special Form" included.

Please call if you have questions at 1-800-220-0330 or 856-813-1000, extension _____.