Autopac Authorization Form

Date: _____ Effective Date: _____

Customer #: _____ Drivers Licence #: _____

I _____

hereby authorize _____ to

□ Renew □ Change □ Cancel/Layup (Yes ____ No ____)

Autopac registration on my

_____

(Year, Make, Model, Serial Number)

On my behalf, with the following coverages:

1) Type of Insurance
□ All Purpose
□ Pleasure
□ Courier/Delivery
□ Other _____
□ Farm All Purpose (Farm at least 720 hrs per year)
□ Farm Passenger Vehicle (Do you live on a farm?)

2) Liability □ $200,000 □ $1,000,000 □ $2,000,000 □ $5,000,000

3) Deductible □ $500 □ $300 □ $200 □$100

4) Auto Loss of Use □ Yes □Level 1 □ Level 2
□ No

5) Maximum Insured Value: $50,000 If more than $50,000 please state amount _____

6) Payment
□ Full Payment
□ Time Payment
□ Short Term _____ to _____
Effective Date Expiry Date
(30 day minimum)

If this change or cancellation results in a credit:

□ Mail Refund Cheque □ Leave Credit On My Account

I understand the exclusive use wordings as stipulated by Manitoba Public Insurance

_____ _____
(Registered Owner's Signature) (Authorized Person's Signature)

_____
(Address)