

AUTOPAC AUTHORIZATION

Customer # _____ Driver's Licence # _____

I, _____ hereby authorize _____

to complete the following Autopac transaction(s) on my behalf:

_____ (Year) _____ (Make) _____ (Model) _____ (Plate/VIN)

NEW APPLICATION <input type="checkbox"/> CHANGE/TRANSFER <input type="checkbox"/> RENEWAL <input type="checkbox"/> OTHER <input type="checkbox"/>				
Insurance Use:		ALL PURPOSE	PLEASURE	
*Do you use this vehicle for courier or delivery duties more than 4 times per month: Yes / No				
Deductible:	\$500	\$300	\$200	\$100
Liability:	\$200,000	\$1,000,000	\$2,000,000	\$5,000,000
Auto Loss of Use:	LEVEL ONE	LEVEL TWO	DECLINED	
Temporary Permit:	_____ (Dates)			Extension Package: YES / NO
Payment Option:	FULL PMT	4 PAY PLAN	MONTHLY PRE-AUTH PMTS	

LAY UP COVERAGE: Max insured value \$50,000; Stored within Manitoba; \$100 deductible Effective Date: _____

CANCELLATION (Storage Insurance Declined) Effective Date: _____ Plates Surrendered: Yes / No
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X _____
Signature of Registered Person _____ *Date*

X _____
Signature of Authorized Person _____ *Date*