

Autopac Authorization Form

Date _____
Customer# _____ Driver's Licence # _____
Effective Date _____

I _____ hereby authorize _____

TO: (Please circle) renew change cancel LAY UP yes ___ no ___

Autopac Registration on my

year	make	model	Serial #
------	------	-------	----------

On my behalf with the following coverages:

Type of insurance	All purpose Courier/Delivery	Pleasure Other(please specify)
-------------------	---------------------------------	-----------------------------------

Liability Limit:	\$200,000	\$1,000,000	\$2,000,000	\$5,000,000
------------------	-----------	-------------	-------------	-------------

Deductible:	\$500	\$300	\$200	\$100
-------------	-------	-------	-------	-------

Auto Loss of Use Yes ___ Level 1 ___ Level 2 ___
No ___

Payment: Full payment 4 payments 12 Pre Authorized Short Term _____(expiry date)

If change or cancellation results in a credit: Mail Refund cheque _____ Leave on Account _____

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

Registered Owners Signature

Registered Owners Contact phone #

Authorized Person's Signature

Comments/Special Instructions

