Autopac Authorization Form

Date: Customer #:				
hereby authorize				to
□ Renew	□ Change	□ Can	cel/Layup (Yes	No)
Autopac registration	on my			
		(Year, Make, M	odel, Serial Numb	ber)
On my behalf, with t	he following cov	verages:		
1) Type of Insurance	□ Pleasure□ Courier/Del		□ Farn	n 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 □ No	l 1 □ Level 2		
5) Maximum Insured	Value: \$50,000	0 If more than	\$50,000 please	e state amount
6) Payment	□ Full Paymen □ Time Payme □ Short Term			Expiry Date
If this change or cand	cellation results	in a credit:	(00 00)	
□ Mail Refund Cheque		□ Leave Credi	t On My Accou	nt
I understand the exc	lusive use word	ings as stipulat	ed by Manitob	oa Public Insurance
(Registered Owner's Signature)				(Authorized Person's Signature)
(Address)			