

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:

(Circle one of the following)

1) Type of Insurance All Purpose
Pleasure
Courier/Delivery
Other _____

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) Payment Full Payment
Time Payment
Short Term _____
(30 day minimum – length of term/expiry date)

IF THIS CHANGE OF CANCELLATION RESULTS IN A CREDIT:

____ Mail Refund Cheque _____ Leave Credit On My Account

I UNDERSTAND THE EXCLUSIVE USE WORDINGS AS STIPULATED BY MAINTOBA PUBLIC INSURANCE.

(Registered Owner's Signature)

(Authorized Person's Signature)

(Address)