

**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)*