

Autopac Authorization Form

I, _____
Print Name
Customer or Driver License #
Phone #

Hereby Authorize _____
Print Name to:

Renew Change Cancel
 Register / Transfer Change Plate on my:
Year: _____ **Make / Model:** _____

With the Following:
 I require no changes

Insurance Uses:
 All Purpose Pleasure Commercial
 Farm Commuter Lay Up

Deductibles:
 \$500 \$300 \$200 \$100

Liability:
 \$200,000 \$1 Million \$2 Million \$5 Million

Loss of Use:
 Level 1 Level 2 Declined

Optional:
 Excess Value over \$50,000 New/Leased Car Protection

Other: _____

Purchase Rental Car Insurance in: _____

From: _____ *To:* _____

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Payment Options: Full Payment 4 Time Payments 12 Pre-authorized Withdrawals
Payment Method: Cheque (*made out to Prairie Ins.*) Cash MC VISA
 Credit Card # : _____ Expiry Date: _____
Account Information for Pre-authorized Payments:
 Bank # : _____ Transit # : _____ Account # : _____
Delivery Option: Mail to Address on File Pick-up Other

REGISTERED OWNER'S SIGNATURE: _____ Date: _____

PROXY'S SIGNATURE: _____ Date: _____



Return Form By:
 Fax. 204.324.5020
 Email. info@prairieinsurancebrokers.com
 Mail. Box 1660 Altona, MB R0G 0B0