

Autopac Authorization

I, _____, _____, _____
(Print name) (Customer # or Driver's License#) (Daytime Phone #)

Hereby Authorize _____ to:

Renew Change Cancel Register/Transfer _____ on my

Year: _____ Make/Model: _____

Year: _____ Make/Model: _____

All Vehicles:

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 \$7 Million \$10 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:

Dates: _____ to _____

Payment Options: (Please check)

Full Payment 4 Time Payment 12 Pre-Authorized Withdrawals

V/C or M/C _____ Exp: _____

Please make cheques payable to: **Rempel Insurance**

Delivery Option: Mail to address on file Pick up Other _____

REGISTERED OWNER'S

SIGNATURE: _____ Date: _____

PROXY'S SIGNATURE: _____ Date: _____



RETURN TO:

Email: Info@rempelinsurance.com

Fax: 204-746-6246