

Letter of Authorization

To Whom it May Concern:

_____, _____
(insert full name of Company - Grantor of Letter of Authorization) Customer #

I/WE hereby appoint and authorize:

REMPEL INSURANCE BROKERS LTD.
207 Main Street, PO Box 520
Morris, MB R0G 1K0

To act on our/my behalf to conduct all Manitoba Public Insurance transactions on our/my advice.

To be signed by an official of the Company or Individual Owner

This _____ day of _____, 20_____.

Name of Authorized Company Representative & Title Per: _____
Signature of authorized Company Representative

*This document will be in effect for 1 year from date of signing.