

# Autopac Authorization

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

Hereby Authorize \_\_\_\_\_ to:

Renew Change Cancel Register/Transfer Other \_\_\_\_\_ 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:  \$750  \$500  \$300  \$200 \$200 Plus

Liability:  \$500,000  \$1 Million  \$2 Million  \$5 Million \$7 Million \$10 Million

Loss of Use:  Yes  Declined

Optional:  Excess Value over \$70,000: \_\_\_\_\_  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: \_\_\_\_\_ CVV: \_\_\_\_\_

**Please make cheques payable to: Rempel Insurance Brokers Ltd.**

**Delivery Option:**  Mail to address on file  Pick up  Other \_\_\_\_\_

REGISTERED OWNER'S

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PROXY'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



**RETURN TO:**

Email: autopac@rempelinsurance.com

Fax: 204-746-6246