Autopac Authorization

(Print name)	(Customer # or Driver's License #)	(Daytime Phone #)
ereby Authorize Rempel Ins		to:
Renew Change Cand	el Register/Transfer Other	on my
Year:Make/N	lodel:	
Year: Make/N	1odel:	
All Vehicles:		
With the following: I requ	ire no changes	
Insurance Uses: All Purpos	e Pleasure Commercial Farm Co	mmuter Lay Up
Deductibles: \$750 \$50	0 \$300 \$200 \$200 Plus	
Liability: \$500,000 \$1 I	Million \$2 Million \$5 Million	
Loss of Use: Yes	Declined	
Optional: Excess Value ove	er \$70,000:New/Leased	d Car Protection
Other:		
urchase Rental Car Insurance in	: Dates:_	to
	Payment Options: (Please check)	
Full Payment 4 Time Pay	ment 12 Pre-Authorized Withdrawals	
V/C or M/C	Exp	o:CVV:
Please make cheques payable t	o: Rempel Insurance Brokers Ltd.	
Delivery Option: Mail to a	address on file Pick up Other	
EGISTERED OWNER'S	Date:	
IGNATURE:		
ROXY'S SIGNATURE:	Date:	



RETURN TO:

Email: autopac@rempelinsurance.com

Fax: 204-746-6246