

AUTOPAC AUTHORIZATION

Date: _____

Customer Number / Drivers Licence Number: _____

I, _____, hereby authorize _____
to complete the following Autopac transaction:

Year _____ Make _____ Model _____

_____ All Vehicles Registered in My Name (Initial)

Insurance Use: _____ All Purpose _____ Pleasure

Deductible: _____ \$500 _____ \$300 _____ \$200 _____ \$100

Liability: _____ \$200,000 _____ \$1 million _____ \$2 million _____ \$5 million

Loss of Use: _____ Level 1 _____ Level 2 _____ **NO LOSS OF USE**

Payment: _____ Full _____ 4pay _____ Monthly _____ Short term

Account / Authorized Signature X _____

Storage: (Lay Up Coverage Only)

Effective: _____

Is the vehicle stored within Manitoba? _____ (Initial)

Cancellation:

Effective: _____

Storage Insurance Declined: _____ (Initial)

**** I understand that signing this authorization form allows Lowey Insurance to access my Manitoba Public Insurance Customer information without my presence.**

X _____

Registered Owner