

AUTOPAC AUTHORIZATION

Effective Date: _____

Customer Number / Drivers Licence Number: _____

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

Year _____ Make _____ Model _____

Insurance Use: ____ All Purpose ____ Pleasure

Has SMI Coverage? ____ Yes ____ No

*** Deductible:** ____ \$750 ____ \$500 ____ \$300 ____ \$200 (Standard) ____ \$200 (Plus)

** Effective April 1, 2021, MPI has introduced new policy deductibles and coverage limits. For more information, please contact Lowey Insurance @ 204-831-0093.*

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

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

Payment: ____ Full ____ 4pay ____ Monthly ____ Short Term

Storage: (Lay Up Coverage Only)

Effective: _____ Is the vehicle stored within MB? ____ (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