

# 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

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