

**\*\*\* AUTOPAC RENEWAL AUTHORIZATION \*\*\***

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Vehicle(s) / Plate(s) / Policy Number(s): \_\_\_\_\_

**RENEWAL DECLARATIONS:**

- I am eligible to register the vehicle described in this application because: I am the owner of the vehicle with the exclusive right to use and pass property in the vehicle, or I have the exclusive right to use the vehicle under a lease or other agreement for a period exceeding 30 days from the date of this application
- The name shown herein is my legal name.
- I am authorized to register the vehicle described in this application because: I am a resident of Manitoba; or the vehicle is being used primarily in Manitoba by a business whose head office or principal place of business is located outside Manitoba; or the vehicle is being operated as a public service vehicle or as a commercial truck.
- I will comply with the requirements of the Highway Traffic Act and Regulations and the Manitoba Public Insurance Corporation Act and regulations in respect of reporting changes of name, address, vehicle and use of vehicle.
- I am aware of the conditions applicable to the vehicle insurance use stated herein; and the vehicle described herein is used primarily for the use stated.
- I am aware of the insurance coverage and the limits available to me and I have selected those shown on this application.
- I understand and agree that this application, as of its effective date, specifies the entire coverage in force on the described vehicle and all prior applications as related to this policy or vehicle is no longer in force.
- Where payment for registration and/or insurance is by cheque and that cheque becomes dishonoured, I understand that my vehicle registration and/or insurance and driver's license shall be automatically suspended without further notice.
- I do not use this vehicle for courier or delivery duties more than four times a month or more than 1609 kilometers during my insurance year.

**INSURANCE OPTIONS:**       No Changes or

<b>Use:</b>	<input type="checkbox"/> All Purpose	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Other (please specify) _____
<b>Liability:</b>	<input type="checkbox"/> \$200,000.00	<input type="checkbox"/> \$1,000,000.00	<input type="checkbox"/> \$2,000,000.00 <input type="checkbox"/> \$5,000,000.00
<b>Deductible:</b>	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$200.00 <input type="checkbox"/> \$100.00
<b>Loss of Use:</b>	<input type="checkbox"/> Declined	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2

**PAYMENT OPTIONS:**     Full       4 Time Payments     Pre-Authorized Monthly Payments \*

\* For Pre-Authorized Automatic Monthly Payments from your bank account, please enclose a specimen cheque marked **VOID** and sign as **Account Holder**. For withdrawals from a credit card please complete the following and sign as **Cardholder**:

Visa or MasterCard # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\* **Withdrawal Date:**       Default       Other (specify) \_\_\_\_\_

I authorize Manders Cherewyk Insurance Brokers to process my Autopac renewal & payments as indicated above.

I also authorize Manitoba Public Insurance to provide Manders Cherewyk Insurance Brokers with information provided by me on my driver licence, vehicle registration and insurance application forms for agency marketing purposes. I understand that my consent status remains in force unless otherwise authorized by me. I can request changes to my consent status at any time.

X \_\_\_\_\_  
SIGNATURE OF REGISTERED OWNER

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
SIGNATURE OF ACCOUNT or CARDHOLDER

\_\_\_\_\_  
DATE