

LETTER OF AUTHORIZATION

Customer # or Drivers License #: _____

I, _____, do hereby give _____
(Insured's Name) (Designated Signer)

permission to sign on my behalf in the (check all that apply) *Renewal* *Cancellation* *Change of Address* *Change Vehicle Description* *Change of Coverages* *Short Term Policy*

for my _____,
(Year, Make, & Model of Vehicle)

Serial Number: _____,

Deductible of (circle one): *500 / 300 / 200 / 100*

Third party liability of (circle one): *200,000 / 1,000,000 / 2,000,000 / 5,000,000*

Loss of use coverage of (circle one): *None / Level 1 / Level 2*

The primary use is (circle one): *All Purpose / Pleasure / Farming / Commercial / Delivery or Courier*
Other(please state _____

Commuting to Winnipeg for *work/school/business more than 4 times a month or 1609 kms a year: Yes / No*

I am the primary operator of this vehicle (circle one): *Yes / No*

Declared Value if applicable: _____

Declared Weight if applicable: _____

Payment method (circle one): *Full Payment / Time Payment / Pre-Authorized Monthly Withdrawal*

If eligible for a credit (circle one): *Leave credit on the account / Send refund cheque*

x _____
(Signature of Insured & Date)