



Autopac Authorization Form

Your business is important to us. In an effort to provide added convenience when renewing your Autopac coverage and or Drivers License, please feel free to use this authorization form if you are unable to attend our office in person.

Please renew my drivers license# _____

Please make the following changes _____

Please renew my Autopac on the following vehicles _____

Year _____
Year _____

Make _____
Make _____

Model _____
Model _____

Type of Insurance Required:

- Pleasure** (Not used for work, business or school)
- All Purpose** (Used for work, business, school and everyday activities, excluding courier)
- Lay-Up** (Covers your vehicle against vandalism, theft and fire while the vehicle is unlicensed)
- Cancel Policy**
- Temporary Registration**
- Other** (Please indicate what you use your vehicle for _____)

Comp Deductible:

- \$500 (Basic)
- \$300
- \$200
- \$100

Liability Coverage:

- \$200,000 (Basic)
- \$1,000,000
- \$2,000,000
- \$5,000,000

- New Car Protection**
- Leased Car Protection**

Auto Loss of Use:

- Level One Coverage** \$39.02 per day to rent a vehicle (max \$1171)
- Level Two Coverage** \$68.00 per day to rent a vehicle (max \$2040)

Premium Financing:

- Full Payment**
- 4 Payment Plan**
- Monthly Payment Plan**
- Withdrawal Date** _____

Payment Method:

- Cheque** (Payable to **MIG Insurance**)
- Visa** _____ **Exp.** _____
- MC** _____ **Exp.** _____

I authorize _____ to sign on my behalf the necessary documents and deliver to me. (Please print name)

About Privacy: As a valued customer, we maintain your mailing address in order to provide you with information about your autopac, including coverage details and notification of upcoming expiry. I hereby consent to allowing MIG Insurance access to my personal information.

Name (Printed): _____ Phone # _____

Registrant's Signature: _____ **Autopac Customer #** _____