



GemStar Insurance

3034 Portage Avenue, Winnipeg, MB R3K 0X9 Fax 204-885-3494
Phone 204-889-1880 Toll Free 1-877-885-7190

AUTHORIZATION FORM

I _____ Customer # _____
(Name of Registered Owner)

Driver Lic# _____

Hereby authorize _____ to:

- Renew Register/Transfer
 Cancel Other _____
 Change _____
(specify)

on my behalf - **EFFECTIVE DATE** _____

My Year _____ Make/Model _____
 Year _____ Make/Model _____

with the following coverages:

Type of Insurance Use: All Purpose Pleasure Storage Common Carrier
 Commercial Farm Other _____

Deductible: 500 300 200 100 **Excess MIV**

Liability: 200,000 1,000,000 2,000,000 5,000,000

Loss of Use: Level 1 Level 2 New or Leased Car Protection

Payment: Full 4 Time Payment 12 - Pre-Authorized

Dated this _____ day of _____ 20 _____

(Signature of Authorized Person)

(Signature of Registered Owner)

“Our Policy is Serving You”

autopac
A Manitoba Public Insurance product

See reverse for Driver
License Authorization