

Authorization to Change

Process date: _____ **Customer/ DL#:** _____

Contact#: _____

**I, _____ AUTHORIZE _____ TO
CHANGE...**

My insurance to...

All Purpose Pleasure Common Carrier Local

With...

Deductible: \$500 \$300 \$200 \$100

Third Party Liability: \$200,000 \$1 million \$2 million \$5 million

Auto Loss of Use: Level 1 Level 2

OR to...

Storage

On my: Year _____ Make _____ Model _____ Plate _____

If payment needs to be made, I will pay by: Visa Mastercard Cash Cheque

Credit Card #: _____ **Expiry:** _____

If the changes result in a credit, please: Mail my credit out Leave the credit on my account

*** The cheque will be mailed to the mailing address on file***

Please mail out the paper to: My home address Other

Other: _____

SIGNATURE