

Autopac Authorization Form

(change)

Date: _____

Comencement Date: _____

Registered owner's drivers license/customer number: _____

Registered owner's phone number: _____

I, _____ authorize _____ to change:

My Coverage

<u>Vehicle Description</u>	<u>Coverage</u>															
Year _____	<input type="checkbox"/> Change to → <table><tr><td>Deductible</td><td>Liability</td><td>Loss Of Use</td></tr><tr><td><input type="radio"/> \$500</td><td><input type="radio"/> \$200,000</td><td><input type="radio"/> Basic</td></tr><tr><td><input type="radio"/> \$300</td><td><input type="radio"/> \$1,000,000</td><td><input type="radio"/> Level 1</td></tr><tr><td><input type="radio"/> \$200</td><td><input type="radio"/> \$2,000,000</td><td><input type="radio"/> Level 2</td></tr><tr><td><input type="radio"/> \$100</td><td><input type="radio"/> \$5,000,000</td><td></td></tr></table>	Deductible	Liability	Loss Of Use	<input type="radio"/> \$500	<input type="radio"/> \$200,000	<input type="radio"/> Basic	<input type="radio"/> \$300	<input type="radio"/> \$1,000,000	<input type="radio"/> Level 1	<input type="radio"/> \$200	<input type="radio"/> \$2,000,000	<input type="radio"/> Level 2	<input type="radio"/> \$100	<input type="radio"/> \$5,000,000	
Deductible	Liability	Loss Of Use														
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<input type="radio"/> \$100	<input type="radio"/> \$5,000,000															
Make _____	Options															
Model _____	<input type="checkbox"/> Change to storage insurance use (lay-up)															
Plate No. _____	<input type="checkbox"/> Change to pleasure insurance use															
	<input type="checkbox"/> Change to all purpose insurance use															
	<input type="checkbox"/> Change to _____ insurance use															

My Particulars

<u>Name</u>	<u>Contact</u>
*** Name changes require supporting documents ***	<input type="checkbox"/> Change my address to:
<input type="checkbox"/> Change my last name to:	_____
_____	_____
_____	_____
<input type="checkbox"/> Change my first name to:	<input type="checkbox"/> Change my telephone number:
_____	<input type="radio"/> Home number _____
	<input type="radio"/> Work number _____

Registered Owner's Signature: _____