

J J REICH & ASSOCIATES INSURANCE AUTHORIZATION FORM

If you are unable to come to our office to do your Autopac transaction, please complete the following form indicating what you would like us to do on your behalf:

Please: renew _____, cancel _____, re-register _____, change _____ new app _____

On the following vehicle(s)

YEAR	MAKE	MODEL	SERIAL NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

COVERAGES: Please circle one of each

Type of Insurance: Pleasure (Not Used for business/work/school)
All Purpose (Used for work/school/business)
Other: _____

LIABILITY: \$200,000 (basic) \$1 Million \$2 Million \$5 Million

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

Auto Loss of Use (Covers you for an alternate transportation expense while yours is being repaired due to theft or accident)

Level 1 (\$25 - \$34) Level 2 (\$50 - \$67)

Payment: Full 4 Pay Monthly (Void cheque required)

Cheque Visa Mastercard

Cheques are made payable to: JJ REICH & ASSOCIATES INSURANCE INC.

Lay Up / Storage: Effective date: _____

Cancellation: Effective date: _____

*** I authorize JJ Reich & Associates Insurance to do Autopac transactions on my behalf***

Registered Owner's Name: _____ Phone # _____

Registered Owner Signature: _____ Referred by: _____

Client # _____ Drivers License # _____

JJ Reich & Associates #8-1965 Main Street, Winnipeg, Manitoba R2V 2B5

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Visit our Website at: jjreichinsurance.com