

AUTOPAC CONSENT FORM

I, _____ Driver # or
Customer # _____

hereby authorize _____

to: **RENEW / REGISTER / CANCEL / TRANSFER / CHANGE /**

OTHER (please specify)

Year _____ Make & Model _____ Plate # _____

Year _____ Make & Model _____ Plate # _____

Year _____ Make & Model _____ Plate # _____

1. Type of Insurance Pleasure All Purpose Other (Specify) _____

2. Liability \$200,000 \$1 Mill \$2 Mill \$5 Mill
 \$7 Mill \$10Mill

3. Deductible \$500 \$300 \$200 \$100

4. Auto Loss of Use Level 1 Level 2 Level3 NONE

Full Payment _____ Time Payment _____ 12 Payments (Monthly) _____

Dated this _____ day of _____, 20__

(Registered owners signature)

(Authorized Persons signature)