

Please accept this as my (our) authority and permission for J.M. Johnson Insurance Agencies Ltd. to process Autopac transactions as per my (our) behalf and to sign all required documents that may be necessary.

This authority remains in force until withdrawn by me (us) in writing to Manitoba Public Insurance.

I (we) hold J.M. Johnson Insurance Agencies Ltd. harmless from any and all liability which may result from their transacting Autopac on my (our) behalf.

X _____

Signature of _____

Autopac Customer # _____ (found on registration above your name)

OR

Drivers License # _____

Daytime Phone # _____

X _____

Signature of _____

Autopac Customer # _____ (found on registration above your name)

OR

Drivers License # _____

Daytime Phone # _____