

Customer Authorization

Declaration of Residency

A) I, _____, of _____, in _____, in the Province of Manitoba do hereby declare that I am a resident of the Province of Manitoba that my permanent address is indicated above, and that I am legally entitled to be in Canada.

(Print Name) (Print Street Address or Section Number) (Print City or Town)

My Manitoba Public Insurance Customer Number is: _____ and/or

My driver's licence number is: _____.

(Please Print)

B) I am temporarily absent from Manitoba because I am:

- attending a course of study full time at an educational institution (university, college, technical or high school, or other institution of learning recognized by the registrar) outside Manitoba.
- taking a sabbatical leave, advanced or supplementary training or instruction while on educational leave from employment.
- serving as a missionary or aid worker on behalf of a religious or nonprofit organization approved as a registered charity under the Income Tax Act (Canada).
- employed with the Government of Manitoba, the Government of Canada, or an agency of either.
- temporarily absent from Manitoba for the purpose of assuming a temporary employment or fulfilling a contract. You must check with the jurisdiction you are temporarily in and comply with their rules.
- away for the winter (Snowbird), on vacation, for some other reason (please specify) _____ and intend to return immediately after completion of the above indicated reason and providing reasonable travelling time on: _____.
- I am in Manitoba but unable to attend in person because: _____

(Provide reason, for example, hospitalized)

C) I would like to complete an allowable phone transaction.

I authorize _____ to renew/purchase my driver's licence. I also authorize this person to renew/purchase vehicle registration and insurance policy(s) on by behalf if this form is accompanied with detailed authorization.

I MAKE THIS APPLICATION TO THE REGISTRAR OF MOTOR VEHICLES IN SUPPORT OF MY APPLICATION OF THE RENEWAL OF MY MANITOBA DRIVER'S LICENCE, AND/OR VEHICLE REGISTRATION AND INSURANCE POLICY(S).

(Date)

(Signature)

CAUTION: IT IS THE RESPONSIBILITY OF CUSTOMERS TO ENSURE COMPLIANCE WITH THE HIGHWAY SAFETY, DRIVER LICENSING, AND VEHICLE REGISTRATION LAWS OF THE JURISDICTION(S) IN WHICH THEY OPERATE A VEHICLE. PLEASE CONTACT THE LOCAL LICENSING/REGISTRATION AUTHORITIES TO ENSURE THAT YOU ARE ALLOWED TO MAINTAIN AND USE YOUR MANITOBA DRIVER'S LICENCE AND/OR VEHICLE REGISTRATION AND INSURANCE WHILE YOU ARE THERE.

Customer Authorization for Vehicle Registration and Insurance Transactions

Customer Number: _____ Driver's Licence Number: _____

I, _____ hereby authorize _____
(Print your Name) (Print **Name** and Contact **Telephone Number**)

To complete the following transaction(s) on my/our behalf on the following vehicle(s):

_____ (Licence Plate Number, Year, Make & Model of Vehicle, VIN)

Vehicle Transaction: (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Renewal/Reactivation/Reapplication | <input type="checkbox"/> Mid-Term Change |
| <input type="checkbox"/> New Application | <input type="checkbox"/> Cancellation |
| <input type="checkbox"/> Short Term Effective Date _____ | Expiry Date _____ |

Policy Coverage:

- All Purpose
 Pleasure
 Other (specify) _____
 Commuter

Deductible:

- \$750
 \$500
 \$300
 \$200 Standard
 \$200 Plus

Third Party Liability:

- \$500,000 Basic
 \$1,000,000
 \$2,000,000

- \$5,000,000
 \$7,000,000
 \$10,000,000

Loss of Use: (For policies in effect July 1, 2022 or later)

- Passenger Vehicle
 Motorcycle
 Declined

Excess Value over \$70,000: _____ New Vehicle Protection: _____

Declared Value (if applicable): _____ Leased Vehicle Protection: _____

Off-Road Vehicle Options:

- Third Party Liability
 \$500,000 (Basic)
 \$1,000,000
 \$2,000,000
 Accident Benefits
 Collision Coverage
 \$500 Deductible
 \$200 Deductible
 Comprehensive Coverage
 \$200 Deductible
 \$500 Deductible

Motorcycle Options:

- Collision Coverage
 \$750 Deductible
 \$500 Deductible
 \$300 Deductible
 \$200 Deductible
 Comprehensive Coverage
 \$500 Deductible
 \$200 Deductible
 Loss of Use (For policies in effect July 1, 2022 or later)
 Passenger Vehicle
 Motorcycle
 Declined

Other Options:

- I require No Changes.
 Please amend to Lay-Up Coverage

Lay-Up Insurance:

Effective Date: _____

Manitoba address where vehicle is stored:

Cancellation:

Effective Date: _____

Lay-Up Insurance Declined (initials) _____

Plates Surrendered: Yes No

X _____
Registered Owner's Signature

X _____
Authorized Person's Signature

X _____
Date

Driver's Licence Questionnaire

Answer Yes or No to the following questions.

Caution: it is a punishable offence to knowingly make a false answer to any question.

- 1** Are you now prohibited by court from driving or is your driver's licence or right to obtain a driver's licence currently suspended or cancelled? Yes No
- 2** When driving do you require corrective lenses (glasses or contacts)? Yes No
- 3** Have you ever had any of the following conditions which have **not previously been reported** to Medical Records:
- a) Seizures or blackouts? Yes No
 - b) Lung or heart trouble, eye diseases, stroke, diabetes treated with injectable insulin, mental disorder, dementia, or permanent limitation of movement? Yes No
 - c) Any other medical condition or physical disability that may affect your safe operation of a motor vehicle? Yes No

If **Yes**, to a, b, or c the date and details of the condition(s) must be provided below.

- 4** Do you hold a valid driver's licence from another province, state, or country?
If **Yes**, state where below and include the driver's licence number, effective and expiry dates and driver's licence class. Yes No
- 5** Have you ever held a Manitoba driver's licence or a learner's licence?
If **Yes**, state in what year below. Yes No
- 6** Have you had any name changes within the last five years?
If **Yes**, provide former name(s) below if you have not already reported the change to Manitoba Public Insurance. Yes No

Additional Information

Customer Authorization for Payment

DO NOT SCAN THIS PAGE (Head office and Brokers only)

Payment Options Payment Method

- | | | | | |
|---------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Full Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Four-Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |

Credit Card Authorization

Credit Card: MasterCard VISA

Name on Card (please print): _____

Card Number: _____

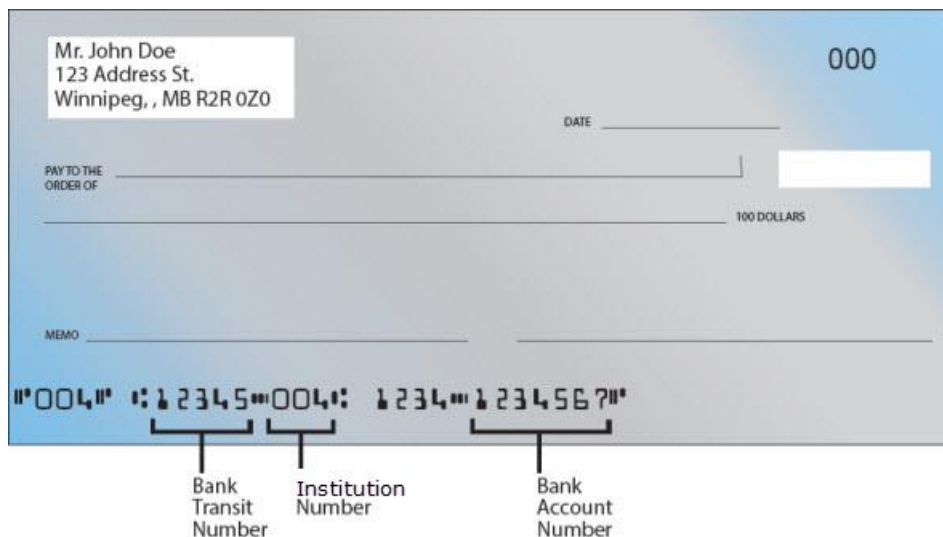
Expiry Date: _____

Pre-Authorized Payment Financing Agreement

12 Pre-Authorized payments from a bank account

Bank Account Information: (You may include a void cheque or bank account details available from your financial institution with this form.)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transit No. (5 digits)	Institution No. 3 digits	Account No. (7 to 12 digits)



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