



Temporary COVID-19 - Customer Authorization for Driver Licence, Vehicle Registration and Insurance Transactions

I am in Manitoba but unable to attend in person because: [] COVID-19

Customer Number: _____ OR 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)

- [] Renewal/Reactivation/Reapplication [] Mid-Term Change
[] New Application [] Cancellation
[] Short Term Effective Date _____ Expiry Date _____

Policy coverage details may not be required if the policy details are included in the email or text that is sent and returned with 'agree' from the customer, then there is no need to fill in this area.

- Policy Coverage: All Purpose, Pleasure, Other, Commuter
Deductible: \$750 (Basic), \$500, \$300, \$200 Standard, \$200 Plus
Third-Party Liability: \$500,000, \$1,000,000, \$2,000,000
Extension Loss of Use: Level 1, Level 2, Declined

Excess Value over \$70,000: _____ New Vehicle Protection _____
Declared Value (if applicable): _____ Leased Vehicle Protection _____

Off-Road Vehicle options:

Motorcycle Options:

Other Options:

- [] Third-Party Liability \$500,000, \$1,000,000, \$2,000,000
[] Accident Benefits
[] Collision Coverage \$500, \$200 Deductible
[] Comprehensive Coverage \$500, \$200 Deductible
[] Collision Coverage \$750, \$500, \$300, \$200 Deductible
[] Comprehensive Coverage \$500, \$200 Deductible
[] Extension Loss Of Use Level 1, Level 2, Level 3, Declined
[] I require No Changes
[] Please amend to Lay-Up Insurance.

Lay-up Insurance:

Effective Date: _____

Manitoba address where vehicle is stored: _____

Cancellation:

Effective Date: _____

Plates Surrendered: [] YES [] NO

Lay-Up Insurance Declined (Initials): _____

Broker to manually sign Authorized Person's Signature, unless the customer is doing curbside pick up then the customer may sign if the broker chooses.

X _____
Registered Owner's Signature

X _____
Authorized Person's Signature

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 Driver & Vehicle Licensing 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? Yes No

If 'Yes', state where below. Provide Driver's Licence Number, Effective and Expiry Dates, Driver's Licence Class.

5. Have you ever held a Manitoba driver's licence or a learner's licence? Yes No

If 'Yes', state in what year below.

6. Have you had any name changes within the last five years? Yes No

If 'Yes', provide former name(s) below, if you haven't already reported the change to Manitoba Public Insurance.