



TO: NEW MANITOBA RESIDENTS

Manitoba Public Insurance gives premium discounts to good drivers. As a new Manitoban, you may qualify for these discounts based on your previous driving record and the number of years you have driven claim free. To qualify for the discount, you must; A) get a Manitoba driver's license and qualify with one merit point and; B) provide Manitoba Public Insurance with your claims history which must be obtained from your previous insurer. After completing the "Applicant" portion of this form, send it to your previous insurer (You must send this form to each insurer you have had during the past five years). When your insurer returns this form to you, take it to your Autopac agent to apply for the eligible discount. Ask your agent for a copy of the "New Motorist Information" brochure.

TO BE COMPLETED BY APPLICANT

RE:

Name of Policy Holder(s)

Customer Number

Manitoba Driver's Licence No.

CURRENT MANITOBA ADDRESS

PREVIOUS ADDRESS

Number and Street

Number and Street

City/Town

Province

Postal Code

City/Town

Province

Postal Code

During the last five years (check all applicable) I was:

- A. insured under an automobile insurance policy outside Manitoba (show Company & Policy No.)
- B. licenced to drive under a Manitoba driver's licence.
- C. not insured under any auto insurance policy during the following periods (list all periods).
- D. not licenced to drive under a Manitoba Driver Licence during the following periods (list all periods).

Signature

Date

TO BE COMPLETED BY PREVIOUS INSURER

I was insured by your company under the policy shown in A. above. Please provide the required claims history data and return to me at my current Manitoba address shown above. Thank you.

The above NAMED held an automobile policy with us from _____ to _____ and

A) the policy was rated _____ YEARS claim free or

B) as an OPERATOR had _____ at-fault (50% or more) claims during this period. Details of these claims are provided below.

DATE OF LOSS	TYPE OF LOSS	PROVINCE/ STATE	% AT FAULT	DRIVER	DESCRIPTION AND REMARKS

Authorized Signature

Date

Name of Insurance Company

Contact Phone #