

Appendix A: Certificate of Officer

I _____
(Name of Officer)

_____ *Office held: e.g. President, CEO, COO, CFO, Vice – President, Treasurer, Corporate Secretary, Chief Agent for Canada, or Designate)*

of _____ (Company)
(Official Name of Company as registered with the Superintendent of Insurance)

CERTIFY THAT:

1. This rate filing is in respect of the _____
category of automobile insurance

and the following dependent categories:
(Please check all that apply)

- Not Applicable
- Personal Vehicles-Motorcycles
- Personal Vehicles-Trailers & Camper Units
- Personal Vehicles – Motorized Snow Vehicles
- Commercial Vehicles
- Public Vehicles-Taxis
- Personal Vehicles-Motorhomes
- Personal Vehicles-Off Road Vehicles (ATVs)
- Personal Vehicles-Historic Vehicles
- Public Vehicles-Other than Taxis & Limousines

to be effective as of: _____ for new business
_____ for renewal business

2. I have knowledge of the matters that are the subject of this certificate.
3. The changes requested comply with the **“Rate Filing Guidelines”** published by the Board.
4. The information and each document contained in the application accompanying this certificate are complete and accurate in all material respects.
5. I have satisfied myself that the proposed rates are just and reasonable, do not impair the solvency of the Company, and are not excessive in relation to the financial circumstances of the Company and that the proposed risk classification system is reasonably predictive of risk and distinguishes fairly between the classes.
6. The proposed rates and rules comply with the *Insurance Act*, R.S., c. 12 and its associated Regulations.

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7. If the filing is approved, all premiums (including all fees, discounts, surcharges and other components comprising such premiums) quoted and charged by the Company will, at all times and in all material respects, accurately reflect and conform to the filing as approved, whether such premiums are calculated manually or otherwise.

8. I have informed myself as to the Company’s business systems and processes and confirm that any system or process changes that may be required to enable the Company to comply with paragraph 7 above will be adequately tested in advance and fully communicated to staff and intermediaries and implemented by the Company in a timely manner.

9. I confirm that any data changes that are ultimately approved in this application will be reviewed both internally and, if needed, with the General Insurance Statistical Agency and/or its data provider (currently IBC) to ensure that the required data can be properly and correctly delivered for inclusion in the Automobile Statistical Plan.

10. The following person is authorized by the Company as the contact person and to represent the Company, in all respects regarding this application:

(name)	(business address)
(title)	(telephone number)
(company)	(fax number)
	(e-mail address)

X

Signature of Officer

X

Date and Location