

**Appendix A**  
**CERTIFICATE OF THE OFFICER**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of Officer) (Office held: President, CEO, COO, CFO, Vice –  
President, Treasurer, Corporate Secretary, Chief  
Agent for Canada, or Designate)

Of \_\_\_\_\_ (the “Company”)  
(Official Name of Company as registered with the Superintendent of Insurance)

CERTIFY THAT:

1. This rate and risk-classification 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 - Motorhomes
- Personal Vehicles - Trailer and Camper Units
- Personal Vehicles - Off-Road Vehicles
- Personal Vehicles - Motorized Snow Vehicles
- Personal Vehicles - Historic Vehicles
- Commercial Vehicles
- Public Vehicles - Taxis and Limousines
- Public Vehicles - Other than Taxis and Limousines
- Interurban Vehicles

to be effective as of \_\_\_\_\_ for new business and  
**(Date of Implementation)**

\_\_\_\_\_ for renewal business.  
**(Date of Implementation)**

2. I have knowledge of the matters that are the subject of this certificate.
3. The information and each document contained in the filing accompanying this certificate are complete and accurate.
4. 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.
5. The proposed rates and rules comply with the *Insurance Act*, R.S., c. 12 and regulations thereto.
6. The proposed risk-classification system is reasonably predictive of risk and distinguishes fairly among classifications.

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**CERTIFICATE OF THE OFFICER**

7. The following person is authorized by the Company as the contact person and to represent the Company, in all respects regarding this filing, in accordance with the provisions of section 3 of the filing requirements:

8.

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(name)

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(title)

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(company)

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(business address)

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(telephone number)

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(fax number)

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(e-mail address)

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Signature of Officer

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Date, Location