

Appendix A
CEO Statement Regarding Facility Association

I, _____ of _____

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

CERTIFY THAT:

1. No cost for the company's portion set aside for the Facility Association insurance pool in New Brunswick is part of the company's individual rate filing for private passenger vehicles.

2.

(name)

(title)

(business address)

(telephone number)

(e-mail address)

(Signature of Officer)

(Date, Location)