

IN THE MATTER of a rate filing application by

\_\_\_\_\_  
(insurer)

and a hearing to be held by the Board on

\_\_\_\_\_  
(date as found on Notice of Hearing)

FORM 2  
**SUMMONS TO A WITNESS**

**IMPORTANT INFORMATION TO THE PARTY WISHING TO CALL A WITNESS**

- ***You must complete this form and submit it to the New Brunswick Insurance Board for signature before serving.***
- ***This form must be fully completed and legible.***

TO:

YOU ARE HEREBY SUMMONED AND REQUIRED TO ATTEND A HEARING BEFORE THE  
**NEW BRUNSWICK INSURANCE BOARD** ON

\_\_\_\_\_  
(date)

AT THE FOLLOWING ADDRESS:

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OR AT THE FOLLOWING TELEPHONE NUMBER:

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*(if an Electronic Hearing)*

The issues upon which you will be called on to testify are:

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The documents you are to bring with you are:

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**NOTICE**

- A copy of the Board's Hearing Procedure Guidelines, applicable to this hearing, can be obtained by contacting the Board Secretary at (506) 643-7710 or 1-866-876-9666.
- Once served with this Summons to a Witness, if you fail to appear, a warrant may be issued.
- The refusal to answer any proper question or produce the listed documents may result in a warrant and imprisonment.

\_\_\_\_\_  
CHAIR of the  
NEW BRUNSWICK INSURANCE BOARD

\_\_\_\_\_  
Date

**INQUIRES MAY BE DIRECTED** to the party requesting this Summons:

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*Name*

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*Address*

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*City, Province, Postal Code*

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*Telephone (Daytime)*

*Cell Phone*

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*Fax*

*Email*