

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 1
REQUEST TO INTERVENE
(Rule 9)

A. PROPOSED INTERVENOR – INDIVIDUAL
(Complete only if the Proposed Intervenor is an individual)

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First Name

Last Name

--

Address

--

City, Province, Postal Code

--	--

Telephone (Daytime)

Cell Phone

--	--

Fax

Email

How do you prefer to have documents sent to you? (check one) Mail

Fax

Email

Agent

(see Section D)

B. PROPOSED INTERVENOR – ORGANIZATION
(Complete only if the Proposed Intervenor is an organization)

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Full Name of Organization

--	--

First Name

Last Name

--

Address

--

City, Province, Postal Code

--	--

Telephone (Daytime)

Cell Phone

--	--

Fax

Email

How do you prefer to have documents sent to you? (check one)

- Mail
- Fax
- Email
- Agent (see Section D)

C. ISSUES (to be completed by All Proposed Intervenors)

Describe the issues you wish to address at this hearing and your position on each issue.
(Attach additional paper, if necessary).

What expertise, if any, do you have in the issues you wish to address.

What documents or other material do you plan to rely on to present your position?
(Attach additional sheet, if necessary).

What level of participation are you seeking, if applicable? (File written material, present to Board or both)

D. Do you intend to have a lawyer or other Agent act for you?

- Yes
- No

If yes, please give contact information:

--	--

First Name

Last Name

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Organization

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Address

--

City, Province, Postal Code

--	--

Telephone (Daytime)

Cell Phone

--	--

Fax

Email

How do you prefer to have documents sent to the representative? (Check one)

- Mail
- Fax
- Email

E. SIGNATURE

By signing, I declare that all statements herein are complete and accurate to the best of my knowledge.

Proposed Intervenor

Date

Agent, if applicable

Date