# **Certificate of the Officer**

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|  |  |  |  | |
| 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**:

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| **1**. This rate filing is in respect of the |  |
| category of automobile insurance and the following dependent categories:  ***(Please check all that apply)*** | |

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| C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Not Applicable | | |
| C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Personal Vehicles-Motorcycles | C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Personal Vehicles-Motorhomes |
| C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Personal Vehicles-Trailers & Camper Units | C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Personal Vehicles-Off Road Vehicles (ATVs) |
| C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Personal Vehicles – Motorized Snow Vehicles | C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Personal Vehicles-Historic Vehicles |
| C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Commercial Vehicles |  |  |
| C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Public Vehicles-Taxis | C:\Users\npolsoni\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Public Vehicles-Other than Taxis & Limousines |
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| to be effective as of: |  | | for new business |
|  |  | | for renewal business |
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| **2**. I have knowledge of the matters that are the subject of this certificate. |
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| **3.** The Company does not belong to a rating bureau as defined in the Rate Decrease Filing Regulations and as such, is eligible to make a filing under section 155B of the Insurance Act. |
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| **4.** The proposal included in this filing  **does**  **does not** (check one) include a cap that insures the premium applicable to an existing individual insured will not increase by more than 2% per year as a result of the filing. |
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| **5.** The changes requested comply with the “***Rate Filing Requirements for Automobile Insurance – Section 155B Overall Decrease***” published by the Board. |
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| **6.** The information and each document contained in the application accompanying this certificate are complete and accurate in all material respects. |
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| **7.** 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. |
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| **8.** The proposed rates and rules comply with the *Insurance Act,* R.S., c. 231 and its associated Regulations. |
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| **9.** If the filing is approved, all premiums (including fees, discounts, surcharges and other components comprising the 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. |
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| **10.** 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 9 above will be adequately tested in advance and fully communicated to staff and intermediaries and implemented by the Company in a timely manner. |
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| **11.** 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. |
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| **13.** 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) |

