# **CERTIFICATE OF 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

to be effective as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for new business and

***(Date of Implementation)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for renewal business.

***(Date of Implementation)***

1. I have knowledge of the matters that are the subject of this certificate.
2. The information and each document contained in the filing accompanying this certificate are complete and accurate.
3. 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.
4. The proposed rates and rules comply with the *Insurance Act,* R.S. N.S. 1989, c. 231 as amended and *Regulations* thereto
5. The proposed risk-classification system is reasonably predictive of risk and distinguishes fairly among rates.
6. All premiums (including all fees, discounts, surcharges and other components comprising such premiums) quoted and charged by the Company will at all times and in all material respects accurately reflect and conform to the filing, whether such premiums are calculated manually or otherwise.
7. 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 7 above will be adequately tested in advance and fully communicated to staff and intermediaries and implemented by the Company in a timely manner.
8. 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:

|  |  |
| --- | --- |
| (name) |  |
| (title) |  |
| (company) |  |
| (business address) |  |
| (telephone number) |  |
| (fax number) |  |
| (e-mail address) |  |

**Signature Section**

|  |
| --- |
| Signature of Officer |
| Date, Location |