# **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 |  | | |  |
|  | ***(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)***: | | | | | | |
|  | Not Applicable | |  | Personal Vehicles-Motorhomes |
|  | Personal Vehicles-Motorcycles | |  | Personal Vehicles-Off Road Vehicles (ATVs) |
|  | Personal Vehicles-Trailers & Camper Units | |  | Personal Vehicles-Historic Vehicles |
|  | Personal Vehicles-Motorized Snow Vehicles | |  | Public Vehicles-Other than Taxis & Limousines |
|  | Commercial Vehicles | |  |  |
|  | Public Vehicles-Taxis | |  |  |

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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 changes requested comply with the “***Mandatory Simplified Filing Guidelines***” published by the Board. |
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| **4.** The information and each document contained in the application accompanying this certificate are complete and accurate in all material respects. |
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| **5.** I have satisfied myself that the proposed rates are just and reasonable, do not impair the solvency of the insurer and are not excessive in relation to the financial circumstances of the insurer, and that the proposed risk classification system is reasonably predictive of risk and distinguishes fairly between the classes. |
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| **6.** The proposed rates and rules comply with the *Automobile Insurance Act,* the *Insurance Companies Act* and the associated Regulations. |

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| **7.** If the filing is approved, all premiums (including all fees, discounts, surcharges and other components comprising such premiums) quoted and charged by the insurer 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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| **8.** I have informed myself as to the insurer’s business systems and processes and confirm that any system or process changes that may be required to enable the insurer to comply with paragraph 7 above will be adequately tested in advance and fully communicated to staff and intermediaries and implemented by the insurer in a timely manner. |
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| **9.** I confirm that any rate 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 associated with these rate changes can be properly and correctly delivered for inclusion in the Automobile Statistical Plan. |
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| **10.** The following person is authorized by the insurer as the contact person and to represent the insurer in all respects regarding this application: |

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|  |  |  |
| (Name) |  | (Business Address) |
|  |  |  |
| (Title) |  | (Telephone Number) |
|  |  |  |
| (Company) |  | (Fax Number) |
|  |  |  |
| (E-mail Address) |  |  |



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