

Appendix A
Certificate of Officer

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:

1. This rate filing is in respect of the
category of automobile insurance

and the following dependent categories:
(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Not Applicable | |
| <input type="checkbox"/> Personal Vehicles-Motorcycles | <input type="checkbox"/> Personal Vehicles-Motorhomes |
| <input type="checkbox"/> Personal Vehicles-Trailers & Camper Units | <input type="checkbox"/> Personal Vehicles-Off Road Vehicles (ATVs) |
| <input type="checkbox"/> Personal Vehicles – Motorized Snow Vehicles | <input type="checkbox"/> Personal Vehicles-Historic Vehicles |
| <input type="checkbox"/> Commercial Vehicles | |
| <input type="checkbox"/> Public Vehicles-Taxis | <input type="checkbox"/> Public Vehicles-Other than Taxis & Limousines |

to be effective as of: for new business
 for renewal business

2. I have knowledge of the matters that are the subject of this certificate.
3. The changes requested comply with the **“Rate Filing Guidelines”** published by the Board.
4. The information and each document contained in the application accompanying this certificate are complete and accurate in all material respects.
5. 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.
6. The proposed rates and rules comply with the *Insurance Act*, R.S., c. 12 and its 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 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.

8. 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.

9. 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.

10. 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)

X

Signature of Officer

X

Date and Location

Appendix A
Certificate of the Actuary

I, , a Fellow of the Canadian Institute of Actuaries,
have been authorized to prepare a rate filing on behalf of

(Company) and hereby **CERTIFY THAT:**

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

- | | |
|--|--|
| <input type="checkbox"/> Not Applicable | |
| <input type="checkbox"/> Personal Vehicles-Motorcycles | <input type="checkbox"/> Personal Vehicles-Motorhomes |
| <input type="checkbox"/> Personal Vehicles-Trailers & Camper Units | <input type="checkbox"/> Personal Vehicles-Off Road Vehicles (ATVs) |
| <input type="checkbox"/> Personal Vehicles – Motorized Snow Vehicles | <input type="checkbox"/> Personal Vehicles-Historic Vehicles |
| <input type="checkbox"/> Commercial Vehicles | |
| <input type="checkbox"/> Public Vehicles-Taxis | <input type="checkbox"/> Public Vehicles-Other than Taxis & Limousines |

to be effective as of: for new business
 for renewal business

2. I have reviewed the data, assumptions and methodologies underlying this rate filing for reasonableness and consistency, and in my professional opinion:

- the data is reliable and sufficient;
- the assumptions selected are appropriate; and
- the methods used are appropriate;

for the purpose of determining the actuarially indicated rates.

3. I have calculated the actuarially indicated rates in accordance with accepted actuarial practice.

4. In my professional opinion:

- (a) the actuarially indicated rates are just and reasonable in the circumstances; and
- (b) the actuarially indicated risk classification differentials are just and reasonable in the circumstances, are reasonably predictive of risk, and distinguish fairly between risks.

X

Signature of Actuary

X

Date and Location

Appendix A

CEO Statement Regarding Facility Association

I, _____ of _____

(the "Company") (*Official Name of Company as registered with the Superintendent of Insurance*)

CERTIFY THAT:

1. No cost for the company's portion set aside for the Facility Association insurance pool in New Brunswick is part of the company's individual rate filing for private passenger vehicles.

2.

(name)

(title)

(business address)

(telephone number)

(e-mail address)

(Signature of Officer)

(Date, Location)