

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)