

CERTIFICATE OF THE OFFICER/DESIGNATE

I, _____
(Name of Officer) _____
(President, CEO, COO, CFO, Vice President, Corporate Secretary or Chief Agent for Canada)

of _____ (the "Insurer")
(Legal Name of Insurer)

CERTIFY THAT:

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

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Commercial Vehicles
<input type="checkbox"/> Personal Vehicles - Motorcycles	<input type="checkbox"/> Public Vehicles - Taxis and Limousines
<input type="checkbox"/> Personal Vehicles - Motorhomes	<input type="checkbox"/> Public Vehicles - Other than Taxis and Limousines
<input type="checkbox"/> Personal Vehicles - Trailer and Camper	<input type="checkbox"/> Personal Vehicles - Motorized Snow
<input type="checkbox"/> Personal Vehicles - Off-Road Vehicles	<input type="checkbox"/> Personal Vehicles - Historic Vehicles

to be effective as of: _____ for new business
 _____ for renewalbusiness
2. I have knowledge of the matters that are the subject of this certificate.
3. The changes requested are in compliance with the requirements of the Private Passenger Automobile Full Filing Guidelines.
4. The information and each document contained in the filing 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 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.
6. If the filing is approved, all premiums (including discounts, surcharges and other components comprising such premiums) quoted and charged by the Insurer will at all times and in all material aspects accurately reflect and conform to the filing as approved, whether such premiums are calculated manually or otherwise. However, the Alberta Insurance Act allows insurers to charge less than the approved premiums.
7. 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 6 above will be adequately tested in advance and fully communicated to staff and intermediaries and implemented by the Insurer in a timely manner.
8. 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.

Signature of Officer

Date and Location

CERTIFICATE OF THE ACTUARY

I, _____, a Fellow of the Canadian Institute of Actuaries,
(Name of Actuary)

have been authorized to prepare a rate filing on behalf of _____
(Legal Name of Insurer)

(the "Insurer") and hereby CERTIFY THAT:

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

- | | |
|---|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Commercial Vehicles |
| <input type="checkbox"/> Personal Vehicles - Motorcycles | <input type="checkbox"/> Public Vehicles - Taxis and Limousines |
| <input type="checkbox"/> Personal Vehicles - Motorhomes | <input type="checkbox"/> Public Vehicles - Other than Taxis and Limousines |
| <input type="checkbox"/> Personal Vehicles - Trailer and Camper | <input type="checkbox"/> Personal Vehicles - Motorized Snow |
| <input type="checkbox"/> Personal Vehicles - Off-Road Vehicles | <input type="checkbox"/> Personal Vehicles - Historic Vehicles |

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

2. I have reviewed the data, assumptions and methods underlying this rate filing for reasonableness and consistency, and I believe:

- The data is reliable and sufficient;
- The assumptions selected are actuarially 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 in Canada as defined by the Canadian Institute of Actuaries.

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.

5. I have no reservations to report except as stated below:

Signature of Actuary

Date and Location