

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:

1. This rate filing is in respect of the

Private passenger vehicles or Other than private passenger vehicles ***(Please select one)***

Automobile category of automobile insurance and the following dependent categories:

(Please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Hotel & Country Club | <input type="checkbox"/> Public Buses |
| <input type="checkbox"/> All-Terrain Vehicles | <input type="checkbox"/> Interurban Vehicles | <input type="checkbox"/> School Buses |
| <input type="checkbox"/> Ambulances | <input type="checkbox"/> Mopeds | <input type="checkbox"/> Snow Vehicles |
| <input type="checkbox"/> Antique Vehicles | <input type="checkbox"/> Motorcycles | <input type="checkbox"/> Taxis & Limousines |
| <input type="checkbox"/> Collector Vehicles | <input type="checkbox"/> Motorhomes | <input type="checkbox"/> Trailers & Campers |
| <input type="checkbox"/> Commercial Vehicles | <input type="checkbox"/> Off-Road Vehicles | <input type="checkbox"/> Utility Trailers |
| <input type="checkbox"/> Farm Vehicles | <input type="checkbox"/> Private Buses | |

To be effective as of: _____ for new business

_____ for renewal business

2. I have knowledge of the matters which are the subject of this certificate.
3. The changes requested are in compliance with the requirements of the Filing Guidelines.
4. The information contained in the filing accompanying this certificate is complete and accurate in all material respects.
5. I have satisfied myself:
 - The algorithms and relativities used in rating programs distinguish fairly between risks and are just and reasonably predictive of risk;
 - The rating program does not impair the solvency of the insurer, nor provide excessive returns for the insurer;
 - The proposed changes in rates are reasonable; and
 - The insurer has considered the impacts to its current and future policyholders, and has a plan in place to clearly communicate the changes to the premiums.
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,. 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 any system or process changes which 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 any data changes ultimately approved in this application will be reviewed both internally and, if needed, with the General Insurance Statistical Agency and/or its data provider to ensure the required data can be properly and correctly delivered for inclusion in the Automobile Statistical Plan.

Signature of Officer

Date and Location