

CERTIFICATE OF THE OFFICER/DESIGNATE

I, _____, _____
 (Name of Officer) (Office held: President, CEO, COO, CFO, or Chief Agent for Canada)

of _____ (the "Insurer")
 (Official Name of Company)

CERTIFY THAT:

1. This rate filing is in respect of _____ and the following
 (Category of Automobile Insurance)
 dependent categories: **(Please check all that apply)**

- Not Applicable
- Personal Vehicles - Motorcycles
- Personal Vehicles - Motorhomes
- Personal Vehicles - Trailer and Camper Units
- Personal Vehicles - Off-Road Vehicles
- Personal Vehicles - Motorized Snow Vehicles
- Personal Vehicles - Historic Vehicles
- Commercial Vehicles
- Public Vehicles - Taxis and Limousines
- Public Vehicles - Other than Taxis and Limousines

to be effective as of _____ for new business and
 (Date of Implementation)

_____ for renewal business.
 (Date of Implementation)

2. I have knowledge of the matters that are the subject of this certificate.
3. The changes requested are in compliance with the *Other Than Private Passenger Automobile Filing Guidelines - Major* requirements.
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:
- (a) that the proposed rates are just and reasonable in the circumstances, would not impair the Insurer's solvency, and are not excessive in relation to the Insurer's financial circumstances; and
 - (b) the proposed risk classification system is just and reasonable in the circumstances, is reasonably predictive of risk and distinguishes fairly between risks.

6. 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.
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 further confirm that:
 - (a) if the Insurer is an affiliated insurer as defined in section 0.1 of Ont. Reg. 7/00 (Unfair or Deceptive Acts or Practices Regulation), the Insurer's business systems and processes do not and will at no time permit the Insurer to act in the manner described in paragraph 8 of subsection 2 (1) of Ont. Reg. 7/00.
 - (b) the Insurer's business systems and processes do not and will at no time permit the Insurer to use any circumstances or factors prohibited by section 16 of Ont. Reg. 664 (Automobile Insurance) as elements of its risk classification system except as permitted by that section.
 - (c) the proposed risk classification system, including but not limited to the territories used in the proposed risk classification system, comply in all respects with the requirements of the Financial Services Commission of Ontario (FSCO) including, without limitation, the requirements set out in FSCO's Filing Guidelines.
9. I confirm that any changes that are ultimately approved in this rate filing will be reviewed both internally and, if needed, with the General Insurance Statistical Agency and/or its data provider to ensure that the required data can be properly and correctly delivered for inclusion in the Automobile Statistical Plan.

Signature of Officer

Date, Location