

CERTIFICATE OF AN OFFICIAL

I, _____, _____
(Name of official) *(Position held)*

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

CERTIFY THAT:

1. I have knowledge of the matters that are the subject of this certificate.
2. The information and each document contained in the filing accompanying this certificate is complete and accurate.
3. The Insurer's grounds for declining to issue, terminating or refusing to renew, or refusing to provide or continue an endorsement are set out in *Appendix A*.
4. The Insurer's rates for endorsements are set out in *Appendix B*.

Signature of Official

Date, Location