

**Canadian Council of Insurance Regulators
Power of Attorney
Appendix VII**

(To be completed for each licensing jurisdiction except Quebec, which requires a prescribed form)

KNOW ALL MEN BY THESE PRESENTS THAT _____
Name of appointing insurer
an insurer organized and existing under the laws of _____
Country or province or state
and licensed to carry on business in _____
Jurisdiction
and having its head office in _____
City, province or state, country
hereby nominates, constitutes and appoints, under the provisions of _____
Legislation
as its true and lawful attorney and chief agent resident in the above jurisdiction and located at :

Name of chief agent in full

Business address and telephone number
for the purposes of the above legislation.

The said chief agent is hereby expressly authorized to receive service of process in all suits and proceedings against the said insurer in the above named jurisdiction in respect of any liability incurred by it therein, and also to receive from _____ all notices that the law requires to be given, or
Title of regulating authority above
which it is thought advisable to give.

IT IS HEREBY DECLARED that service of process for or in respect of such liability on the said chief agent is legal and binding on the said insurer, to all intents and purposes whatsoever.

DATED _____
Month, day, year

SIGNED AND SEALED BY : _____
Signature and description of office

IN THE PRESENCE OF : _____
Signature of witness

Signature and description of office

NOTE :

- a) The power of attorney may confer upon the chief agent any further or other powers that the insurer considers advisable.
- b) The party witnessing the signature of the officers of the company is required to take the affidavit on the following page before a person authorized to administer oaths.

**Canadian Council of Insurance Regulators
Affidavit of Execution
Appendix VII**

IN THE MATTER OF THE _____
(Legislation)

AND THE APPOINTMENT OF A CHIEF AGENT THEREUNDER BY

Name of appointing insurer

TO WIT :

I, _____
Full name of witness

of the _____ of _____
Status of municipality Name of municipality

in the _____ of _____
County, etc., or district Name of county, etc., or district

in _____
Name of province or state and country

Occupation _____

MAKE OATH AND SAY THAT :

1. I was personally present and did see the annexed power of attorney duly signed by

_____ and
Full name of signing officer

Full name of signing officer

and did witness the application of the corporate seal of the appointing insurer thereto.

2. I know the said signing officers and they are the

_____ and _____
Description of office Description of office

respectively of the said corporation (or « company »).

3. I am the subscribing witness to the said Power of Attorney.

SWORN at the _____

of _____

in the _____

of _____

this _____ day of _____ 19 _____

Signature of witness

NOTE : To be signed by the party witnessing the signatures on preceding page and affidavit of such party to be taken before a person authorized to administer oaths.

A commissioner or notary public

CONSENT OF PARTY APPOINTED AS ATTORNEY IN ALBERTA

To the **SUPERINTENDENT OF INSURANCE**

This is to certify that I, of the

City of in the Province of Alberta,

having been appointed the Attorney of;

.....

(Company)

do hereby consent to the appointment.

Signed and dated this day of

20..... in the City of,

Province of Alberta.

.....
(Witness)

.....
(SIGNATURE)