

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

To be completed for each licensing jurisdiction except Québec and Manitoba, each requiring a prescribed form

Know all persons by these presents that _____
Name of Appointing Insurer

an insurer organized and existing under the laws of _____
Country or Province or State

and licenced 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 Attorney of Record / Chief Agent In Full

Business Address

Phone Number

Fax 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 which it
Title of Regulating Authority above

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

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**Signed and sealed
by:**

In the presence of:

Signature

Description of Office

Signature of Witness

Signature

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 page 3 before a person authorized to administer oaths.

**Canadian Council of Insurance Regulators Consent
to Act as Attorney of Record / Chief Agent
Appendix III**

I, _____
Name of Chief Agent / Attorney of Record

of _____
Name of Law Firm (if applicable)

Business Address (including Street and Municipality)

Hereby consent to act as the Attorney of Record / Chief Agent for

Name of the Insurer

Dated this ____ day of _____, 20____

Signature

Witness

Signature

Address

Occupation

Affidavit of Execution

In the matter of the _____
(Legislation)

and the appointment of an attorney of record / 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 _____ 20__

Signature of Witness

A Commissioner or Notary Public

Note: To be signed by the party witnessing the signatures in this Appendix III, page 3. Affidavit of such party to be taken before a person authorized to administer oaths.