



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

**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 4 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 2. Affidavit of such party to be taken before a person authorized to administer oaths.