

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

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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 \_\_\_\_\_ Insurance Act, R.S.P.E.I. 1988, c I-4  
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

PEI Superintendent of Insurance, Dept. of Justice and Public Safety 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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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 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

Note: The above Witness must sign the Affidavit of Execution on page 4 in the presence of a Commissioner or Notary Public. If there are two witnesses, one for each Insurer Officer, then two Affidavits of Execution must be completed.

### Affidavit of Execution

In the matter of the Insurance Act, R.S.P.E.I. 1988, c I-4  
(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.