

INSURANCE COMPANY WITHDRAWAL NOTICE FORM

INSURANCE COMPANIES ACT

Pursuant to subsection 5. (1) of the *Insurance Companies Act*, R.S.N.L. 1990, as amended, the following form is hereby approved for use in the Province effective August 1, 2004.

WINSTON MORRIS
Superintendent of Insurance

NOTICE OF INSURANCE COMPANY'S INTENT

**TO WITHDRAW FROM THE AUTOMOBILE INSURANCE MARKET IN
NEWFOUNDLAND AND LABRADOR**

To the Superintendent of Insurance:

I, _____, _____
(Name of Officer) (Title)

of _____ (the "Insurer")
(Legal name of company)

being duly authorized by the Insurer, CERTIFY THAT I am the above describer officer of the Insurer and as such have full knowledge of the matters that are the subject of this Notice.

The Insurer hereby files notice that, subject to the Superintendent's authority under subsection 5.1 (7) of the *Insurance Companies Act*, R.S.N.L. 1990, as amended, it intends to withdraw from the business of automobile insurance in Newfoundland and Labrador **effective**

(Proposed date of withdrawal)

The reasons for withdrawing are as follows:

The Insurer provides the following information concerning the policyholders, agents and brokers impacted by this withdrawal:

- Number of policies currently in force:
 - Private passenger automobiles _____
 - Commercial automobiles _____
 - Other _____

- Number of drivers insured
 - Private passenger automobiles _____
 - Commercial automobiles _____
 - Other _____

- Agents and brokers through whom this business is written

- Direct Premiums Written in the province since last P&C 1 or P&C 2 was filed:
 - Third Party Liability _____
 - Accident Benefits _____
 - Loss of or Damage to Insured Automobile _____
 - Uninsured and Unidentified Automobile Coverage _____

The Insurer advises the contact person for consumer enquiries concerning this withdrawal is:

Name: _____
Title: _____
Phone No.: _____
Fax No.: _____
E-mail: _____
Address: _____

The Insurer attaches to this Notice copies of the following:

- Notice to be sent to policyholders
- Notice to be sent to agents and brokers

Signature of Authorized Officer