

# POWER OF ATTORNEY



Send to:

Superintendent of Insurance  
Government of the Northwest Territories

Courier:

4922 – 48<sup>th</sup> St., YK3  
Yellowknife, NT X1A 1N2

General Post:

P.O. Box 1320, YK3  
Yellowknife, NT X1A 2L9

## FORM 2

Chief Agent Resident in  
the Northwest Territories  
(Section 27)

KNOW ALL PERSONS BY THESE PRESENTS THAT

Name of appointing insurer

an insurer organized and existing under the laws of

Country or Province/Territory or State

and licensed to carry on business in the Northwest Territories and having its head office in

Country or Province/Territory or State

hereby nominates, constitutes and appoints, under the provisions of the *Insurance Act R.S.N.W.T. 1988, c.I-4*

as its true and lawful chief agent resident in the Northwest Territories and located at:

Name of Chief Agent / Business

Business address / telephone / fax / e-mail

for the purpose 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 Northwest Territories in respect of any liability incurred by it therein, and also to receive from the Superintendent of Insurance of the Northwest Territories all notices that the law requires to be given, or which it is thought advisable to give.

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

DATED \_\_\_\_\_  
M / D / Y

SIGNED AND SEALED BY :

IN THE PRESENCE OF :

Signature and description of office

Signature of witness

Signature and description of office

NOTE:

- The power of attorney may confer upon the chief agent any further or other powers that the insurer considers advisable.
- The party witnessing the signature of the officers of the company is required to take the affidavit on page 2 before a person authorized to administer oaths.



# POWER OF ATTORNEY

FORM 2

Affidavit of Execution  
(Section 27)

IN THE MATTER OF THE *Insurance Act R.S.N.W.T. 1988, c.I-4*

AND THE APPOINTMENT OF A CHIEF AGENT THEREUNDER BY \_\_\_\_\_

Name of appointing insurer

TO WIT :

I,

Full name of witness

of the \_\_\_\_\_

Status of municipality

of \_\_\_\_\_

Name of municipality

in the \_\_\_\_\_

County, etc., or district

of \_\_\_\_\_

Name of county, etc., or district

in \_\_\_\_\_

Name of province / territory 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

Full name of signing officer

and

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 \_\_\_\_\_

Signature of witness

of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Affix seal here

Signature of a commissioner or notary of public



# POWER OF ATTORNEY

**FORM 2**

Consent to Act as Chief Agent  
**(Section 27)**

I, \_\_\_\_\_  
Name of Chief Agent

\_\_\_\_\_  
Name of Law Firm (if applicable)

\_\_\_\_\_  
Business address (including street and municipality)

Hereby consent to act as the chief agent for \_\_\_\_\_  
\_\_\_\_\_  
Name of appointing insurer

\_\_\_\_\_  
pursuant to the Power of Attorney, attached.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Agent

WITNESS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation