



# SIGNATURE AUTHORIZATION FORM

Superintendent of Insurance  
Government of the Northwest Territories

Superintendent of Insurance  
Telephone: 867-920-3423

Courier:  
4922 – 48<sup>th</sup> St., YK3  
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P.O. Box 1320, YK3  
Yellowknife, NT X1A 2L9

Licensing & Compliance  
Telephone: 867-920-8056  
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**Purpose:** This form is to assist the Office of the Superintendent of Insurance verify the authorized signature(s) on applications and filings where a signature from an authorized representative of an Insurer is required.

**Name of Company:** \_\_\_\_\_

**1.**            **Add:** ☐            **Remove:** ☐            **Effective Date:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Bus. Fax: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_

**2.**            **Add:** ☐            **Remove:** ☐            **Effective Date:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Bus. Fax: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_

**3.**            **Add:** ☐            **Remove:** ☐            **Effective Date:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Bus. Fax: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_

**4.**            **Add:** ☐            **Remove:** ☐            **Effective Date:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Bus. Fax: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Signature of Authorized Officer of the Insurer