

SIGNATURE AUTHORIZATION FORM



Superintendent of Insurance
Government of the Northwest Territories

Courier:
4922 – 48th St., YK3
Yellowknife, NT X1A 1N2

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

Superintendent of Insurance
Telephone: 867-920-3423

Licensing & Compliance
Telephone: 867-920-8056
Fax: 867-873-0325

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.: _____ Specimen Signature: _____

Bus. Fax: _____

2. Add: Remove: Effective Date: _____

Full Name: _____ Bus. Address: _____

Title: _____ E-mail Address: _____

Bus. Phone: _____ Ext.: _____ Specimen Signature: _____

Bus. Fax: _____

3. Add: Remove: Effective Date: _____

Full Name: _____ Bus. Address: _____

Title: _____ E-mail Address: _____

Bus. Phone: _____ Ext.: _____ Specimen Signature: _____

Bus. Fax: _____

4. Add: Remove: Effective Date: _____

Full Name: _____ Bus. Address: _____

Title: _____ E-mail Address: _____

Bus. Phone: _____ Ext.: _____ Specimen Signature: _____

Bus. Fax: _____

Title or Position

Name of Officer

Signature of Authorized Officer of the Insurer