

**No Auto Undertaking**

401 Bay Street, Suite 1200

P.O. Box 45 Toronto, ON M5H 2Y4

416 365 1900

1 800 265 3097

Fax: 416 365 7664

[www.ribo.com](http://www.ribo.com/)

**Brokerage Name:**

I, , undertake that our brokerage will **not** be dealing in automobile insurance in Ontario and that I will notify RIBO immediately of any changes or extensions to the class of business written. I understand that each individual licensed under brokerage will be required to successfully complete the Ontario Automobile equivalency examination prior to dealing directly with any member of the public on automobile insurance in Ontario.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Principal Broker of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby acknowledge and confirm that the brokerage will not be dealing in Ontario Automobile insurance while licensed under my brokerage until the brokerage has been assigned a Facility Servicing Carrier by the Facility Association

Signature of Principal Broker Date