REGISTERED INSURANCE BROKERS OF ONTARIO

401 Bay Street, Suite 1200,
P.O. Box 45, Simpson Tower,
Toronto, Ontario M5H 2Y4
Telephone:(416) 365-1900 / 1-800-265-3097
www.ribo.com

NAME OF PRINCIPAL BROKER: _____

REGISTRATION # OF PRINCIPAL BROKER: _____

FIRM: _____

REGISTRATION #: _____

UNDERTAKING

I,_____, the Principal Broker of _____

_____understand my responsibilities as Principal Broker set out in the RIB Act, Regulations and By-laws, and that I may be held personally responsible for improper acts of the firm and/or any individual broker under my supervision.

I certify that I am assuming the role and responsibilities of the Principal Broker and further confirm that I am a Director and/or Officer of the corporate entity (per Regulation 991, Section 7.2(2)(e).

I certify that I have received and reviewed both the Principal Broker and Code of Conduct Handbooks and that I will remain current with any amendments.

_____ _____

Signature of Principal Broker Date