

**Board of Commissioners of Public Utilities  
Newfoundland and Labrador**

**Intervenor Submission Form**

All information provided on this form will be placed on the public record for this proceeding

**2018 AUTOMOBILE INSURANCE REVIEW**

**Intervenor Information**

Name: <b>Amanda Dean</b>	Mailing Address: 1969 Upper Water Street, Suite 1706, Purdy's Wharf, Tower II
Title: <b>Vice President, Atlantic</b>	City: <b>Halifax</b>
Organization: <b>Insurance Bureau of Canada</b>	Province: <b>Nova Scotia</b>
Telephone: <b>902-429-2730</b>	Postal Code: <b>B3J 3R7</b>
Facsimile: <b>902-420-0157</b>	Email: <b>adean@ibc.ca</b>
Address for delivery (if different from mailing address):	

**Legal Counsel / Representative (if applicable)**

Name: <b>Kevin Stamp</b>	Mailing Address: <b>15 Church Hill</b>
Title: <b>Lawyer</b>	City: <b>St. John's</b>
Organization: <b>MWHS Law</b>	Province: <b>Newfoundland and Labrador</b>
Telephone: <b>709-754-1400</b>	Postal Code: <b>A1C 3Z8</b>
Facsimile: <b>709-754-0915</b>	Email: <b>kstamp@mwhslaw.com</b>
Address for delivery (if different from mailing address):	

**Interest in the Proceeding**

List the topics/issues you are interested in.

- All matters pertaining to the auto insurance review.

What facts or documentation will you rely on?

- The reports issued by the PUB.
- GISA data.

How is your interest unique and not represented by others?


- IBC represents its member companies and speaks on behalf of the industry as such.
- All opinions and data are in aggregate form.

**Participation in the Proceeding**

Do you intend to:

- |                                  |   |  |
|----------------------------------|---|--|
| i. Appear throughout the hearing | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| ii. Submit written evidence      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| iii. Ask written questions       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| iv. File expert reports          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| v. Call witness(es)              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| vi. Cross examine witnesses      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| vii. Present final submissions   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If you intend to call expert witness(es) provide the following information on a separate attachment for each witness: Name of witness, address, qualifications, and subject/issue that will be addressed by the witness



Signature

May 16, 2018

Date

Completed forms must be received by the Board on or before May 16, 2018 and may be submitted by mail, courier, fax or email at the addresses below:

**Mail**  
 Board of Commissioners of Public Utilities  
 P.O. Box 21040  
 St. John's, NL  
 Canada, A1A 5B2

**Courier/Hand delivered**  
 Board of Commissioners of Public Utilities  
 120 Torbay Road  
 Prince Charles Building, Suite E-210  
 St. John's, NL  
 A1A 5B2

**Facsimile/email**  
 F: 709-726-9604  
 E: [ito@pub.nl.ca](mailto:ito@pub.nl.ca)