INTERVENER APPLICATION FORM

| Application re | Hearing: | | | |
|--|--------------|---|-------------|----------------------|
| | | MPI GRA 2 | | |
| Name of Pros | pective In | tervener (Organizatior | n Name or I | ndividual): |
| Coalition | n of Ma | anitoba Motorc | ycle Gro | oups Inc. (CMMG) |
| Prospective I | ntervene | r Contact Information | n | |
| Organization of | or Individu | al Address: | | |
| | | ski UnRuh LLP g, Manitoba, R3C 0V5 | ; | |
| Organization (| Contact P | erson(s) (if applicable) | | |
| | | Raymond F | . Oakes | 3 |
| Contact Inform | nation: | Business: | | Other Phone: |
| | | 204-957-1717 | | |
| | | Fax Number: | | Email: |
| | | | | roakes@bdoakes.com |
| | | t Information: | | |
| Counsel or Re | presentat | ive Name(s): | | |
| | | Raymond P | Oakes | S |
| Organization (| if different | from above) : | | |
| | | | | |
| A 1 1 /: C 1: CC | | 1 | | |
| Address (if diff | erent fron | n above): | | |
| | | | | |
| | | | | |
| Contact Information (if different from above): | | Business: | | Other Phone: |
| | | Dusiness. | | Other Findhe. |
| | | Fax Number: | | Email: |
| | | | | |
| Counsel Senio | rity: | PRODUCTION OF THE PROPERTY OF | | |
| Years of | 35 | | Tariff Rate | _{\$} 285.00 |
| Experience | | Years | | \$ |
| Also represent | ing (if app | licable): | | |
| | | | | |
| | | | | |

Additional Information

(For organizations only) Please describe the mandate of your organization and provide a description of the membership, including the number of members. Please also confirm whether the organization's intervention in this proceeding is supported by a resolution of the governing body, if any. Please enclose the resolution, if any, with your Application, along with supporting documentation of your mandate and membership

A non-profit corporation to foster safety awareness and lobby for fair and equitable insurance rates and treatment of Manitoba motorcyclists. No resoluton has been necessary as the intervention in the GRA was the reason CMMG was founded in 1992. Formal members are approximately 200 wide support amongst social media followers and supporters. Promoting the safety of the motorcyclists of Manitoba by encouraging education, promoting legislative reform, and desseminating information to aid in the continued safe enjoyment of two-wheeled motorized transportation.

Please state your reasons for intervening in this proceeding:

To critically examine and test MPI policies and acturial standards and methodologies as well as suggest improvements in insurance products and road safety programs and expenditures.

Please state how you are directly affected by the Board's decision in this matter:

CMMG represents the motorcycle major class of insureds and so the setting of motorcycle rates directly affects its membership.

Please explain whether and how you represent a substantial number of ratepayers that are otherwise not represented on issues that are within the scope of this proceeding:

CMMG is the only representative of motorcyclists and as such speaks for the 17,000 or so insured and their family members affected by motorcycle insurance rates and policies.

Please describe your experience, information, or expertise relevant to this matter that would contribute to the Board's decision making, including any other prior interventions in regulatory matters before this Board or other decision-makers:

CMMG has been an Intervenor every year since 1992 and as such provides both a wealth of experience and historical perspective on the Public Utility Board's processes and the Applicant's products and policies.

| Please list the key iss | sues you intend to address in | n the proceeding. Please be specific. |
|--|--|--|
| Key issues include: a) Capital maintenance plan b) Setting and calculation of c) Investment income; d) Rate setting methodology e) Actual v. forecast loss exp f) Road safety investment ar | reserves; ; perience; | |
| submission of eviden | | luding attendance at hearings, and cross examination of witnesses? |
| Focussed on testing cadduced. | of evidence and cross exami | nation. No evidence likely to be |
| Do you intend to requ you meet the criteria | | our participation? Please explain how |
| Will apply for costs based upon the criteria set by the Board. | We anticipate being able to bring a valid perspective and make a contribution to | the Board's understanding of this major use's experience as well as larger issues facing all Manilobans. |
| curriculum vitae for ar | ny expert and/or consultant, | yes, please attach copies of the as well as the following: |
| Expert Consultant # | 1: | |
| Name: | Experience | Evidence to be provided on issues in scope: |
| | Years | |
| Telephone #: | Tariff Rate: | |
| | \$ | |
| Address and Email: | Firm or Organization: | Brief explanation of experience relevant to evidence to be provided: |
| | | |

| Expert Consultant # | #2 : | |
|---------------------|-----------------------|--|
| Name: | Experience: | Evidence to be provided on issues in scope: |
| | Years | |
| Telephone #: | Tariff Rate: | |
| | \$ | |
| Address and Email: | Firm or organization: | Brief explanation of experience relevant to evidence to be provided: |
| | | |
| Expert Consultant # | 3: | |
| Name: | Years of Experience: | Evidence to be provided on issues in scope: |
| | Years | |
| Telephone #: | Tariff Rate: | |
| | \$ | |
| Address and Email: | Firm or organization: | Brief explanation of experience relevant to evidence to be provided: |
| | | |

| Do you intend to provide evidence from consultants? If yes, please provide: | m witnesses other than experts and/or |
|---|---|
| Witness #1: | |
| Name: | Evidence to be provided on issues in scope: |
| N/A | |
| Email: | Brief explanation of relevant experience and/or knowledge to issues in scope: |
| Address and Phone number: | |
| evidence, including for which you inten | other form of participation or provision of ad to seek an award of costs? If yes, please the relation to issues in scope in the proceeding. |
| No | |