

## INTERVENER APPLICATION FORM

Application re Hearing:			
Manitoba Public Insurance 2020/21 General Rate Application			
Name of Prospective Intervener (Organization Name or Individual):			
Insurance Brokers Association of Manitoba ("IBAM")			
<b>Prospective Intervener Contact Information</b>			
Organization or Individual Address:			
600-1445 Portage Avenue; Winnipeg, Manitoba; R3G 3P4			
Organization Contact Person(s) (if applicable):			
Grant Wainikka - CEO			
Contact Information:	Business:	Other Phone:	
	204.488.1857		
	Fax Number:	Email:	
		grant@ibam.mb.ca	
<b>Representative Contact Information:</b>			
Counsel or Representative Name(s):			
Curtis Unfried / Associate (TBD)			
Organization (if different from above) :			
MLT Aikins LLP			
Address (if different from above):			
30th Floor - 460 Main Street; Winnipeg, Manitoba; R3C 4G1			
Contact Information (if different from above):	Business:	Other Phone:	
	204.957.4686		
	Fax Number:	Email:	
	204.957.4223	CUnfried@mltaikins.com	
Counsel Seniority:			
Years of Experience	<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">20 / &lt; 5 years</span> <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 5px;">Years</span> </div>	Tariff Rate	<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> </div>
Also representing (if applicable):			

<b>Additional Information</b>
(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
See Appendix "A"
Please state your reasons for intervening in this proceeding:
See Appendix "A"
Please state how you are directly affected by the Board's decision in this matter:
See Appendix "A"
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:
See Appendix "A"
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:
See Appendix "A"

Please list the key issues you intend to address in the proceeding. Please be specific.		
See Appendix "A"		
Do you intend to participate fully and actively, including attendance at hearings, submission of evidence, and testing of evidence and cross examination of witnesses? If yes, please describe your intended participation.		
See Appendix "A"		
Do you intend to request an award of costs for your participation? Please explain how you meet the criteria for an award of costs.		
See Appendix "A"		
Do you intend to retain experts or consultants? If yes, please attach copies of the <i>curriculum vitae</i> for any expert and/or consultant, as well as the following:		
<b>Expert Consultant #1:</b>		
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:

<b>Expert Consultant #2:</b>		
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:
<b>Expert Consultant #3:</b>		
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 witnesses other than experts and/or consultants? If yes, please provide:	
<b>Witness #1:</b>	
Name:	Evidence to be provided on issues in scope:
Email:	Brief explanation of relevant experience and/or knowledge to issues in scope:
Address and Phone number:	
Do you intend to seek approval for any other form of participation or provision of evidence, including for which you intend to seek an award of costs? If yes, please provide details and an explanation of the relation to issues in scope in the proceeding.	
At this time, IBAM does not intend to seek approval for any other form of participation or provision of evidence, other than what has been set out above. However, IBAM reserves the right to seek approval for another form of participation or provision of evidence in the event that the information and/or evidence called by the Board and/or other Intervenors at the hearing deems it necessary.	