

**Important:** Fill out in block letters and answer each section as accurately as possible.

**" It is resolved:**

That the corporation be, and is hereby, authorized to request from UV Insurance \_\_\_\_\_ for the insurance application/contract n° \_\_\_\_\_, more precisely for the following insured \_\_\_\_\_

Specify the request

That the person(s) which name, title and signature appear below be authorized to sign, for and on behalf of the corporation, all document relating to the above-mentioned request. "

**Section A – Authorized person(s)**

<p>1. First Name _____                  Last Name _____                  Title _____</p> <p><b>X</b> _____                  Signature</p>	<p>2. First Name _____                  Last Name _____                  Title _____</p> <p><b>X</b> _____                  Signature</p>
<p>3. First Name _____                  Last Name _____                  Title _____</p> <p><b>X</b> _____                  Signature</p>	<p>4. First Name _____                  Last Name _____                  Title _____</p> <p><b>X</b> _____                  Signature</p>

**Important :** If more that one signature is required to validly bind the corporation regarding the above-mentioned request, please advise.

**Section B – Signature**

I, the undersigned \_\_\_\_\_,  secretary,  president,  secretary and president, hereby certify that the above is a true copy of resolutions of the board of directors of the corporation adopted on 

Y	Y	Y	Y	M	M	D	D
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 and confirm that they are still on force, unamended.

Signed in \_\_\_\_\_ 

Y	Y	Y	Y	M	M	D	D
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**X** \_\_\_\_\_  
 Signature