

# Notice of Appeal

(Pursuant to Section 19 of the *Insurance Act*)

**TO: The Island Regulatory and Appeals Commission**  
**National Bank Tower, Suite 501, 134 Kent Street**  
**P.O. Box 577, Charlottetown PE C1A 7L1**  
**Telephone: 902-892-3501 Toll free: 1-800-501-6268**  
**Fax: 902-566-4076 Website: www.irc.pe.ca**

**NOTE:**  
**Appeal process is a public process.**

**TAKE NOTICE** that I hereby appeal the decision made by the Superintendent, as appointed under subsection 2(1) of the *Insurance Act* on the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_, wherein the Superintendent has issued a decision under the *Insurance Act*.  
**(attach a copy of the decision).**

**AND FURTHER TAKE NOTICE** that the grounds for this appeal are as follows: (use separate page(s) if necessary)

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**AND FURTHER TAKE NOTICE** that I seek the following relief: (use separate page(s) if necessary)

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**APPELLANT MUST COMPLETE THE FOLLOWING:** (print separate sheets as necessary)

Name of Appellant: \_\_\_\_\_ Signature of Appellant: \_\_\_\_\_  
Please Print

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_  
day month year

## IMPORTANT

Under subsection 19(4) of the *Insurance Act*, the insurer must file an appeal to the Commission within 30 days after the insurer is provided with a decision from the Superintendent.

Information on this Form is collected pursuant to the *Insurance Act* and will be used by the Commission in processing this appeal. For additional information, contact the Commission at 902-892-3501 or by email at info@irc.pe.ca.