Autorité des marchés financiers

Detailed attestation from the insurer – Claims adjuster outside Québec

Claims adjustment in personal-lines damage insurance

Claims adjustment in commercial-lines damage insurance

This attestation must be completed by candidates from another province or territory of Canada who are or have been authorized to act as claims adjusters on behalf of an insurer without holding a licence under the laws of that province or territory and who wish to benefit from the exemptions provided for in the Regulation respecting the issuance and renewal of representatives' certificates.

Important information and Instructions for the candidate

The attestation must demonstrate that the candidate has practised in the claims adjustment sector independently and without being subject to any restrictions, conditions or limitations.

The AMF may request any additional documents as may be required to assess and process the application. The AMF may also contact the candidate to verify the information provided in the candidate's declaration.

If you worked for two or more insurers, complete a separate appendix for each insurer.

As the candidate, you must complete the candidate's declaration on page 3.

Candidate identification

Last name:

First name:

AMF client number:

Instructions

The following sections must be completed by a guarantor of the insurer on whose behalf you have acted for at least 24 of the last 36 months. The guarantor is the responsible officer of the insurer (or, in the case of a financial services business operating in Québec, its equivalent). If you worked for two or more insurers during this period, a separate attestation must be completed for each insurer.

Identification of the insurer's guarantor

Name of insurer:

Name of guarantor:

Title of guarantor:

Telephone No. of guarantor:

AMF client number or registrant number for a regulatory authority outside Québec and the name of the authority, if applicable:

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Declaration of the insurer's guarantor

☐ **I declare that I am the responsible officer, an authorized person or its equivalent[1] for the insurer;**

☐ **I declare that the candidate is acting or has acted as a claims adjuster at a rate of ______ hours per week for the insurer during or for the periods indicated in the table;**

☐ **I declare that the candidate is acting or has acted as a claims adjuster for the insurer, without being subject to restrictions, conditions or limitations, in the following functions, in the service of clients and for the following tasks:**

Function Period of activity and Clientele	Tasks completed (select only those that apply)
Function: From To Clientele: ☐ Personal-lines ☐ Commercial-lines	☐ Open the claim file according to existing standards and directives ☐ Investigate a damage insurance claim ☐ Determine the nature and extent of the damage ☐ Settle the claim file ☐ Close the damage insurance claim file ☐ Other activities. Specify:______________________
Function: From To Clientele: ☐ Personal-lines ☐ Commercial-lines	☐ Open the claim file according to existing standards and directives ☐ Investigate a damage insurance claim ☐ Determine the nature and extent of the damage ☐ Settle the claim file ☐ Close the damage insurance claim file ☐ Other activities. Specify:______________________
Function: From To Clientele: ☐ Personal-lines ☐ Commercial-lines	☐ Open the claim file according to existing standards and directives ☐ Investigate a damage insurance claim ☐ Determine the nature and extent of the damage ☐ Settle the claim file ☐ Close the damage insurance claim file ☐ Other activities. Specify:______________________

Signed at (city): On (date):

Signature of the insurer's guarantor

1 For information about the position of responsible officer, visit the AMF website at Professionals > Firms, independent representatives and partnerships and > Responsible officer and independent representative.

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Candidate's declaration

I declare that the information provided herein is accurate and complete. I declare that I use my name as it appears on all my valid Canadian identity documents.

I authorize the insurer's guarantor to provide any information about me as the AMF may require to process my application.

Signature Date:

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it, or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c.A-2.1. If you have any questions on this topic, please visit the AMF website at Information Access.

Submit your application through AMF E-Services, which you can access from the AMF website at www.lautorite.qc.ca. Select "Other" in the main menu of AMF E-Services, choose "Other application/request", then select "Other application/request – Qualification".

If you are unable to use AMF E-Services, please mail your application to:

Autorité des marchés financiers
Place de la Cité, tour PwC
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1