

**Before completing this form, please read the following carefully:**

This form should be completed by insurers that did not add any new wording or make any amendments to an existing professional liability (errors and omissions) insurance policy.

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the *Act respecting the protection of personal information in the private sector*, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

**PART 1 – IDENTIFICATION**

**INFORMATION ABOUT THE INSURER**

Name of insurer	
Client No. (10 digits)	

**PART 2 – STATEMENT**

- We did not add any new wording to an existing professional liability (errors and omissions) insurance policy during the most recent reporting period.
- We did not make any amendments to an existing professional liability (errors and omissions) insurance policy during the most recent reporting period.

**PART 3 – DECLARATION REGARDING INFORMATION PROVIDED**

I declare that the information provided in this form is accurate and complete.

Mr. <input type="checkbox"/>	First name		Last name		
Ms. <input type="checkbox"/>					
Signature				Date	____ / ____ / ____ year month day

The AMF only accepts forms sent **by mail** or submitted through **AMF E-Services**.

Forms sent by e-mail or fax will **not** be accepted.

Please send your form to:

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