

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

This form should be completed by insurers that have added new wording or made amendments to an existing professional liability (errors and omissions) insurance policy. Insurers must attach the professional liability insurance contract containing the new or amended wording.

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 – INFORMATION AND STATEMENT**

We have added the following new wordings: \_\_\_\_\_

\_\_\_\_\_

We have amended the following existing wordings: \_\_\_\_\_

\_\_\_\_\_

Please specify the amendments made to each wording and indicate the pages or sections where they are found:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 3 – SUPPORTING DOCUMENTS REQUIRED**

SUPPORTING DOCUMENT	
<p><b>Wording of professional liability insurance policy</b> <i>1 document required</i></p>	<p><input type="checkbox"/> Professional liability insurance contract</p>

**SECTION 4 – DECLARATION REGARDING THE 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