

Before completing this form, please read the following carefully:

This form must be completed by insurers to notify the Autorité des marchés financiers ("AMF") of claims received in connection with professional liability (errors and omissions) insurance. **Please complete one form per claim.**

If no claims were received, insurers must complete the *Absence of claims* form.

This obligation is set out in section 17 of the *Regulation respecting the pursuit of activities as a representative*, CQLR, c. D-9.2, r.10, and section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2.

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 – INFORMATION				
Name of insured				
Name of insurer				
Person handling the claim				
Policy No.		Master contract No. (if applicable)		
Claim No.		Date of claim	____ / ____ / ____ year month day	
Amount of claim				
Reason for claim				

PART 2 – 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