

Use this form to:

- renew your professional liability insurance policy (**section 2**)
- amend your professional liability insurance policy (**section 3**)
- add a new professional liability insurance policy (**section 4**)

You need only complete the relevant sections of the form.

**Important:** In all cases, you must complete sections 1, 5 and 6.

## SECTION 1 – IDENTIFICATION

### INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE / MUTUAL FUND DEALER / SCHOLARSHIP PLAN DEALER

Client No. (10 digits)		Registration No. (6 digits)		NEQ (10 digits)	
Name of business					

## SECTION 2 – RENEWAL OF AN INSURANCE POLICY (if required)

### INFORMATION ABOUT THE INSURANCE POLICY

Policy No.		Insurer				
Renewal term	<input type="checkbox"/> One year <input type="checkbox"/> More than one year	If more than one year, expiry date	_____ / _____ / _____	year	month	day

## SECTION 3 – AMENDMENT OF AN INSURANCE POLICY (if required)

You may make the following changes to an insurance policy already submitted to the AMF:

- Change the expiry date of the policy.
- Add a date of inactivity or cancellation if the policy was cancelled.
- Change the coverage and deductible amounts.
- Add, change or delete an insured. To delete, enter an end date for the insured.
- Add, change or delete an insured sector / sector class for an insured. To delete, enter an end date for the insured sector / sector class.
- Add, change or delete an insured representative for the insured who is “a defined group of attached representatives who are not employees.” To delete, enter an end date for the insured representative.

### INFORMATION ABOUT THE INSURANCE CONTRACT

Policy No.		Insurer	
Issue date	____ / ____ / ____ year month day	Expiry date	____ / ____ / ____ year month day <input type="checkbox"/> Valid until cancellation
<b>Change of amounts</b>			
<input type="checkbox"/> Annual coverage amount		\$	_____
<input type="checkbox"/> Amount of coverage per claim		\$	_____
<input type="checkbox"/> Deductible		\$	_____
<b>Change of date of inactivity or cancellation</b>			
<input type="checkbox"/> Date of inactivity		____ / ____ / ____ year month day	
<input type="checkbox"/> Date of cancellation			
<b>Change of insureds</b>			
<input type="checkbox"/> The firm		<input type="checkbox"/> Add	<input type="checkbox"/> Delete
<input type="checkbox"/> All partners (for independent partnerships)		<input type="checkbox"/> Add	<input type="checkbox"/> Delete
<input type="checkbox"/> All employees		<input type="checkbox"/> Add	<input type="checkbox"/> Delete
<input type="checkbox"/> All attached representatives who are not employees		<input type="checkbox"/> Add	<input type="checkbox"/> Delete
<input type="checkbox"/> A defined group of attached representatives who are not employees (covers one or more representatives; the policyholder is the firm).		<input type="checkbox"/> Add	<input type="checkbox"/> Delete
<input type="checkbox"/> An attached representative who is not an employee (the policyholder is the representative)		<input type="checkbox"/> Add	<input type="checkbox"/> Delete

Change of insured representatives					
Client No. of representative to add or delete (10 digits)					<input type="checkbox"/> Add <input type="checkbox"/> Delete
First name			Last name		
Client No. of representative to add or delete (10 digits)					<input type="checkbox"/> Add <input type="checkbox"/> Delete
First name			Last name		
Client No. of representative to add or delete (10 digits)					<input type="checkbox"/> Add <input type="checkbox"/> Delete
First name			Last name		
Change of insured sector classes					
<input type="checkbox"/> Insurance of persons			<input type="checkbox"/> Add		<input type="checkbox"/> Delete
<input type="checkbox"/> Group insurance of persons			<input type="checkbox"/> Add		<input type="checkbox"/> Delete
<input type="checkbox"/> Damage insurance (Broker)			<input type="checkbox"/> Add		<input type="checkbox"/> Delete
<input type="checkbox"/> Damage insurance (Agent)			<input type="checkbox"/> Add		<input type="checkbox"/> Delete
<input type="checkbox"/> Claims adjustment			<input type="checkbox"/> Add		<input type="checkbox"/> Delete
<input type="checkbox"/> Financial planning			<input type="checkbox"/> Add		<input type="checkbox"/> Delete
<input type="checkbox"/> Mortgage brokerage			<input type="checkbox"/> Add		<input type="checkbox"/> Delete
<input type="checkbox"/> Mutual fund brokerage			<input type="checkbox"/> Add		<input type="checkbox"/> Delete
<input type="checkbox"/> Scholarship plan brokerage			<input type="checkbox"/> Add		<input type="checkbox"/> Delete

## SECTION 4 – ADDITION OF AN INSURANCE POLICY (if required)

### INFORMATION ABOUT THE INSURANCE CONTRACT

Policy No.		Insurer			
Issue date	____ / ____ / ____ year   month   day	Expiry date	____ / ____ / ____ year   month   day	<input type="checkbox"/> Valid until cancellation	
Annual coverage amount		Amount of coverage per claim		Deductible	
Insureds					
<input type="checkbox"/> The firm		<input type="checkbox"/> All partners (for independent partnerships)			

<input type="checkbox"/> All employees	<input type="checkbox"/> An attached representative who is not an employee (the policyholder is the representative)		
<input type="checkbox"/> All attached representatives who are not employees	<input type="checkbox"/> A defined group of attached representatives who are not employees (covers one or more representatives; the policyholder is the firm).		
<b>REPRESENTATIVES INSURED AS PART OF A DEFINED GROUP OF ATTACHED REPRESENTATIVES WHO ARE NOT EMPLOYEES OR UNDER AN INDIVIDUAL POLICY (ATTACHED REPRESENTATIVE WHO IS NOT AN EMPLOYEE) (IF NEEDED, ATTACH A SCHEDULE)</b>			
Client No. (10 digits)			
First name		Last name	
Start date	____ / ____ / ____ year month day		
Client No. (10 digits)			
First name		Last name	
Start date	____ / ____ / ____ year month day		
Client No. (10 digits)			
First name		Last name	
Start date	____ / ____ / ____ year month day		
<b>INSURED SECTORS / SECTOR CLASSES</b>			
<input type="checkbox"/> Insurance of persons	<input type="checkbox"/> Accident and sickness insurance		
<input type="checkbox"/> Group insurance of persons	<input type="checkbox"/> Group insurance plans <input type="checkbox"/> Group annuity plans		
<input type="checkbox"/> Damage insurance (Broker)	<input type="checkbox"/> Personal-lines damage insurance (Broker) <input type="checkbox"/> Commercial-lines damage insurance (Broker)		
<input type="checkbox"/> Damage insurance (Agent)	<input type="checkbox"/> Personal-lines damage insurance (Agent) <input type="checkbox"/> Commercial-lines damage insurance (Agent)		
<input type="checkbox"/> Claims adjustment	<input type="checkbox"/> Personal-lines claims adjustment <input type="checkbox"/> Commercial-lines claims adjustment		
<input type="checkbox"/> Financial planning			
<input type="checkbox"/> Mortgage brokerage			
<input type="checkbox"/> Mutual fund brokerage			

Scholarship plan brokerage

## SECTION 5 – REQUIRED SUPPORTING DOCUMENTS

	SUPPORTING DOCUMENTS
<b>Renewal of insurance policy</b> <i>One or two documents required, depending on the situation</i>	<input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Statement of deductible (see schedule)
<b>Amendment of insurance policy</b> <i>One or two documents required, depending on the situation</i>	<input type="checkbox"/> Endorsements <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Statement of deductible, if required (see schedule)
<b>Addition of insurance policy</b> <i>One or two documents required, depending on the situation</i>	<input type="checkbox"/> Professional liability insurance contract <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Statement of deductible exceeding the regulatory limit, if required (see schedule)

## SECTION 6 – INFORMATION DECLARATION

I declare that the information provided in this form is accurate and complete. Attached are all the supporting documents required to process my application.

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**.

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

Send your form to the following address:

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

## Schedule

### Statement of deductible

I, (name of the responsible officer or partner) \_\_\_\_\_, certify that, as required under the second paragraph of section 29 of the Regulation respecting firms, independent representatives and independent partnerships,<sup>1</sup> (name of firm/partnership) \_\_\_\_\_ maintains at all times net liquid capital at least equal to the amount of the highest deductible under its professional liability insurance contract.

And I have signed in \_\_\_\_\_, on \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible officer or partner

\_\_\_\_\_  
Registration No. (6 digits)

\_\_\_\_\_  
Client No. (10 digits)

<sup>1</sup> CQLR, c. D-9.2, r. 2.