

Before completing this form, please read the following carefully:

This form must be completed each month by the firm offering products of outside insurers through a special broker. This obligation is set out in section 3 of the Regulation respecting special brokerage in damage insurance, CQLR, c. D-9.2, r. 6.

Each client must complete an appendix.

If more space is required for any part of this form, please attach additional sheets.

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 FIRM

Name of firm			
Registration No. (6 digits)		Client No. (10 digits)	

INFORMATION ABOUT THE SPECIAL BROKERS

First name		Last name	
Certificate No. (6 digits)		Client No. (10 digits)	
First name		Last name	
Certificate No. (6 digits)		Client No. (10 digits)	
First name		Last name	
Certificate No. (6 digits)		Client No. (10 digits)	
First name		Last name	
Certificate No. (6 digits)		Client No. (10 digits)	
First name		Last name	
Certificate No. (6 digits)		Client No. (10 digits)	

INFORMATION ABOUT THE INSURERS THAT REFUSED THE RISKS			
Name of insurer			
Description of the risk:		Name of client requesting insurance coverage	
Name of insurer			
Description of the risk:		Name of client requesting insurance coverage	
Name of insurer			
Description of the risk:		Name of client requesting insurance coverage	
Name of insurer			
Description of the risk:		Name of client requesting insurance coverage	
Name of insurer			
Description of the risk:		Name of client requesting insurance coverage	
INFORMATION ABOUT THE OUTSIDE INSURERS THAT AGREED TO INSURE THE RISKS			
Name of insurer			
Principal establishment			
Name of insurer			
Principal establishment			
Name of insurer			
Principal establishment			
Name of insurer			
Principal establishment			
Name of insurer			
Principal establishment			

PART 2 – STATEMENT

I confirm that no risk was placed with an outside insurer in the month covered by this report.

PART 3 – 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

**APPENDIX – STATEMENT BY THE CLIENT TO A SPECIAL BROKER ACTING FOR AN
INSURER NOT HOLDING A LICENCE IN QUÉBEC**

I, the undersigned, _____,

Client					
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name		Last name	
ADDRESS					
Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	
Telephone		E-mail			

hereby declare that, in respect of the following property or other interests to be insured,

Designation and situation of risks to be insured

(a) Description of the risk: _____

(b) Exact address of the risk: _____

the following insurers, holding licences in Québec,

Name of insurers that refused to grant the insurance coverage requested

(a) _____

(b) _____

(c) _____

have refused to grant me damage insurance applied for in the amount of

Amount of insurance applied for: \$ _____

IMPORTANT

Furthermore, I hereby state that I was notified by the broker that:

- (a) the insurer with which the risk is to be placed does not hold a licence in Québec;
- (b) said insurer does not have an establishment in Québec;
- (c) said insurer is not subject to supervision by the *Autorité des marchés financiers* and does not file the statements and reports prescribed under *An Act respecting insurance* (chapter A-32);
- (d) said insurer is not required to maintain sufficient reserves to guarantee its obligations towards its insureds in Québec.

IN WITNESS WHEREOF, I have signed this statement

in _____ on _____

Client's signature

(In the case of a legal person, the signature of its duly authorized representative)

Witness