

Before completing this form, please read the following carefully:

This form must be completed every six months by the firm offering products of outside insurers through a special broker. This obligation is set out under section 4 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 RISKS PLACED WITH AN OUTSIDE INSURER

Number of insurers who were offered the coverage of the risk	
Brief description of risk placed:	
Name of the outside insurer with whom the risk was placed	
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Brief description of the risk placed:	
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INFORMATION ABOUT PERCENTAGE OF RISK PLACED WITH AN OUTSIDE INSURER	
Number of risks placed with an outside insurer	
Percentage of risks placed with an outside insurer to the total number of risks placed	%
Percentage of value of premiums placed with an outside insurer to the total number of risks placed	%

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
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2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1