

E-Services

If you prefer to submit your application via our on-line service,
please go to our website at www.lautorite.qc.ca in the section **Professionals**.

Before completing this form, please read the following carefully:

Use this form to confirm that a representative is attached to your business for purposes of the issuance of his certificate.

You are applying for:

- Confirmation of attachment
 Addition of attachment

SECTION 1 – IDENTIFICATION
INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE

Client No. (10 digits) or OACIQ No.		NEQ (10 digits)	
Name of business			
Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
MAIN ADDRESS			
Civic No.		Street	Suite / Unit
Municipality		Province	Postal code
Telephone		Fax	
E-mail			
MAILING ADDRESS		Same as main address <input type="checkbox"/>	
Civic No. / P.O. Box		Street	Apt. / Unit
Municipality		Province	Postal code

SECTION 2 – INFORMATION ABOUT THE REPRESENTATIVE

Client No. (10 digits)			
Mr. <input type="checkbox"/>	First name		Last name
Ms. <input type="checkbox"/>			

Important

Fees for attachment of a representative apply. A certification agent will call you

SECTION 3 – INFORMATION ABOUT ATTACHMENT
TYPE OF ATTACHMENT

The representative will pursue activities on behalf of the firm.	<input type="checkbox"/> As an employee <input type="checkbox"/> Without being an employee
The representative will pursue activities on behalf of the independent partnership.	<input type="checkbox"/> As a partner <input type="checkbox"/> As an employee

CHOICE OF SECTORS / SECTOR CLASSES

ENTIRE SECTORS	SECTOR CLASSES
<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	

APPLICATION FOR DESIGNATION ON CERTIFICATE

Designation E (claims adjustment in respect of policies purchased through the firm for which the agent or broker acts)

EMPLOYEE IN DAMAGE INSURANCE REFERRED TO IN SECTION 547 OF THE DISTRIBUTION ACT

547

SECTION 4 – INFORMATION ABOUT PROFESSIONAL LIABILITY INSURANCE

Policy No.		Name of 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	\$ _____
Is the policy already in the firm's file? * If not, please send the supporting documents indicated in section 6, Required supporting documents.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5 – CHOICE OF BRANCH

Name of branch					
ADDRESS					
Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	

Send only if proof of professional liability insurance is not already on file. Missing supporting documents will delay processing of your application.

SECTION 6 – REQUIRED SUPPORTING DOCUMENTS

	SUPPORTING DOCUMENTS
Professional liability insurance (1 document required)	<input type="checkbox"/> Professional liability insurance endorsement <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Professional liability insurance contract
Declaration pertaining to professional liability insurance (1 document required) <i>* If the deductible exceeds the amount prescribed by regulation.</i>	<input type="checkbox"/> Statement of deductible exceeding the regulatory limit

SECTION 7 – DECLARATION

**SIGNATURE OF THE OFFICER IN CHARGE / AUTHORIZED SIGNATORY /
PARTNER IN CHARGE / INDEPENDENT REPRESENTATIVE**

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"/>			name	
Signature			Date	____ / ____ / ____ year month day

The AMF only accepts forms sent by **mail**.
No form sent by e-mail or by fax will be accepted.

Send your payment to the following address:

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