

Before completing this form, please read the following carefully:

Use this form to request the attachment of a representative to your business.

You are applying for: Confirmation of attachment Addition of attachment

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.

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE FIRM, INDEPENDENT PARTNERSHIP OR INDEPENDENT REPRESENTATIVE

Client No. (10 digits)		NEQ (10 digits)	
Name of business			Language of correspondence: French English
Main address			
Civic No.		Street	Suite / Unit
Municipality		Province	Postal code
Telephone E.g., 514-555-5555		Fax	
E-mail			
Mailing address		Same as main address	
Civic No. / P.O. Box		Street	Suite / Unit
Municipality		Province	Postal code

SECTION 2 – IDENTIFICATION OF THE REPRESENTATIVE

Client No. (10 digits)		
Mr. Ms.	First name	Last name

Important

Fees apply for the attachment of a representative. An invoice will be sent to you soon.

SECTION 3 – INFORMATION ABOUT ATTACHMENT

TYPE OF ATTACHMENT

The representative will pursue activities on behalf of the firm.	As an employee
	Without being an employee
The representative will pursue activities on behalf of the independent partnership.	As a partner
	As an employee

CHOICE OF SECTORS OR SECTOR CLASSES

ENTIRE SECTORS	SECTOR CLASSES
Insurance of persons	Accident and sickness insurance
Group insurance of persons	Group insurance plans Group annuity plans
Damage insurance (Broker)	Personal-lines damage insurance (Broker) Commercial-lines damage insurance (Broker)
Damage insurance (Agent)	Personal-lines damage insurance (Agent) Commercial-lines damage insurance (Agent)
Claims adjustment	Personal-lines claims adjustment Commercial-lines claims adjustment
Financial planning	
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 ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES

547

SECTION 4 – DECLARATION PERTAINING TO PROFESSIONAL LIABILITY INSURANCE

REPRESENTATIVE ATTACHED TO A FIRM (OR INDEPENDENT PARTNERSHIP) AS AN EMPLOYEE OR PARTNER

Please answer the following question only if the representative will pursue activities on behalf of the firm (or independent partnership) as an **employee** or a **partner**.

1. Is the firm (or independent partnership) covered by professional liability insurance that is consistent with the requirements set out in section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2?

Yes
No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

REPRESENTATIVE ATTACHED TO A FIRM WITHOUT BEING AN EMPLOYEE

Please answer the following questions only if the representative will pursue activities on behalf of the firm **without being an employee**.

1. Please indicate how the representative is covered for professional liability:

Covered by the firm's insurance

Covered by an individual insurance policy

- *If the representative is covered by an individual insurance policy, please provide the following information for each insurance policy held by the representative:*

Insurer (Name or client No.)	Policy No.	Policy certificate No.

2. Is the professional liability insurance policy covering the representative consistent with the requirements set out in section 17 of the *Regulation respecting the pursuit of activities as a representative*, CQLR, c. D-9.2, r. 10?

Yes
No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

INDEPENDENT REPRESENTATIVE

Please answer the following question only if you will pursue activities as an **independent representative**.

1. Are you covered by professional liability insurance that is consistent with the requirements set out in section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2?

Yes
No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

SECTION 5 – CHOICE OF BRANCH

Name of branch

ADDRESS

Civic No.		Street		Suite / Unit	
Municipality		Province		Postal code	

SECTION 6 – REQUIRED SUPPORTING DOCUMENTS

Missing supporting documents will delay processing of your application.

	SUPPORTING DOCUMENTS
<p>Professional liability insurance</p> <p><i>* If you answered "no" to a question in Section 4 – Declaration pertaining to professional liability insurance.</i></p>	Professional liability insurance policy, including all endorsements

SECTION 7 – DECLARATION ON INFORMATION PROVIDED

Signature of the responsible officer, authorized signatory, responsible partner or independent representative.

I declare that the information provided in this form is accurate and complete.

I also confirm that I am keeping a record on the outside activities of the representative, if applicable, which includes the documents and information enumerated in the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, D-9.2, r. 2.

Mr. Ms.	First name		Last name	
Signature			Date	

The AMF only accepts forms sent by mail and submitted through **AMF E-Services**.

No form submitted by e-mail or by fax will be accepted.

Send your form and supporting documents to the following address:

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