

Before completing this form, please read the following carefully:

Use this form to comply with your current annual information filing requirements with the AMF in order to maintain your registration as a firm or independent partnership (the “registrant”) under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2.

We invite you to consult the companion guide which has been designed to assist you in completing this form, question by question. This guide is available on our website at www.lautorite.qc.ca under “Professionals – Firms, independent representatives and partnerships – Maintenance of registration.”

Please complete this form and mail it together with the required supporting documents and payment to the following address:

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

Important:

You must notify the AMF of any change made to the information contained in your firm’s or independent partnership’s file within a period of 30 days following such a change. To do so, you must submit a *File Update* or *Manage Business Relationships* form, depending on the type of change.

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.

IDENTIFICATION

Client No.:
Reference No.:
Registration No.:

Mailing address

Head office of firm / Principal establishment of independent partnership

Principal establishment in Québec

If you are unable to use AMF E-Services, you must answer the following questions.

DECLARATION PERTAINING TO PROFESSIONAL LIABILITY INSURANCE

1. Since its last maintenance of registration, has the registrant changed insurers for its professional liability insurance? Yes No

➤ If you answered "yes", please provide the following information for each insurance policy held by the registrant:

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

2. Since its last maintenance of registration, has the registrant maintained professional liability insurance at all times? Yes No

➤ If you answered "no", please specify when and why the registrant did not maintain professional liability insurance (period without coverage, causes and circumstances, etc.):

➤ If you answered "yes", please answer the following question:

Is the insurance 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

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

3. Does the registrant have representatives who are acting on its behalf without being employed by it (attached representatives who are not employees)? Yes No

➤ If you answered "yes", please answer the following question:

Have those representatives maintained at all times since the registrant's last maintenance of registration professional liability insurance that is 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

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

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Montréal: 514-395-0337

- *If representatives have not maintained professional liability insurance consistent with regulatory requirements, please provide the names of the representatives involved. Please also specify when and why they did not maintain their professional liability insurance (period without coverage, causes and circumstances, etc.):*

GENERAL DECLARATION

1. Does the registrant receive or collect funds on behalf of others (e.g., for an insurer or a client)? Yes No
A registrant within the meaning of the Act respecting the distribution of financial products and services is a firm, independent partnership or independent representative.
➤ *If so, the registrant must hold these funds in a separate account or in trust.*
2. Does the registrant have one or more separate or in-trust accounts? Yes No
➤ *If so, for each account, please indicate:*
– Name of account holder: _____
– Type of account:
 savings
 chequing
 other: _____
– Account No.: _____
– Name of financial institution: _____
3. Does the registrant hold one or more loans with one or more insurers or mortgage lender? Yes No
➤ *If so, in the **Manage Business Relationships** form, please check “loan agreement” in an “Insurer” or “Mortgage lender” business relationship field for each of these insurers or mortgage lenders.*
4. Does the registrant hold one or more loans with one or more registrants? Yes No
➤ *If so, in the **Manage Business Relationships** form, please check “loan agreement” in an “Other registrant” business relationship field for each of these registrants.*
5. Does the registrant share commissions with one or more businesses registered with the AMF? Yes No
A registered business is any business registered under the Act respecting the distribution of financial products and services or the Securities Act (as a mutual fund or scholarship plan dealer).
➤ *If so, in the **Manage Business Relationships** form, please check “Commission sharing agreement” in an “Other registrant” business relationship field for each of these businesses.*
6. Does the registrant share commissions with a broker or agency governed by the Real Estate Brokerage Act, CQLR, c. C-73.1? Yes No
➤ *If so, in the **Manage Business Relationships** form please check “Commission sharing agreement” in the “Holder of an OACIQ real estate licence” business relationship field for each of these natural or legal persons.*
7. Does the registrant share commissions with one of more businesses other than those mentioned in questions 5 and 6? Yes No

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8. Does the registrant have agreements with client referral agents or did it pay money to such agents during the year ended last December 31? Yes No
- A client referral is defined as the act of referring a client to a representative who holds a certificate or a person registered under the Act respecting the distribution of financial products and services. See Notice on client referrals under the Act respecting the distribution of financial products and services; available in French only (Avis relatif à l'indication de clients en application de la Loi sur la distribution de produits et services financiers).*
9. Does the registrant have agreements with one or more insurers or mortgage lenders for server and/or Internet site hosting, administration services, equipment supply, premises leasing or staff loans? Yes No
- *If so, in the **Manage Business Relationships** form, please check these agreements in an “Insurer” or “Mortgage lender” business relationship field for each of these insurers or mortgage lenders.*
10. Does the registrant have agreements with one or more registrants for server and/or Internet site hosting, administration services, equipment supply, premises leasing or staff loans? Yes No
- *If so, in the **Manage Business Relationships** form, please check these agreements in an “Other registrant” business relationship field for each of these registrants.*

DECLARATION RELATED TO PROFESSIONAL PRACTICE

1. Does the registrant carry out paid activities (whether related or not to financial services) other than those provided for under its registration? Yes No

➤ *If so, specify those activities:*

- Premium comparison website
- Tax filing
- Premises leasing
- Real estate brokerage
- Other: _____

2. Do uncertified employees of the registrant carry out customer service? Yes No

For example, respond to general inquiries about existing products or contracts or make administrative changes.

➤ *If so:*

- How many employees offer customer service? _____
- Are calls recorded? Yes No

3. Does the registrant have pre-hire screening measures for uncertified employees? Yes No

4. Does the registrant hold the following insurance?

- Cyber risk insurance Yes No
- Directors' and officer's liability insurance Yes No

5. Does the registrant use compliance audit software or does it deal with businesses that offer such services? Yes No

6. Does the registrant have policies for the following?

Policy means any policy, procedure, guide, instruction or guideline.

➤ *For existing policies, indicate year of latest update.*

- Ethics and professional conduct Yes No Updated: _____
- Remuneration Yes No Updated: _____
- Hiring and selection of representatives Yes No Updated: _____
- Conflicts of interest Yes No Updated: _____
- Use of social media Yes No Updated: _____
- Maintenance of representatives' right to practise Yes No Updated: _____
- Information security Yes No Updated: _____
- Transaction compliance Yes No Updated: _____
- Vulnerable clientele Yes No Updated: _____
- Management of orphan policies Yes No Updated: _____

7. Does the registrant have a business continuity plan? Yes No

➤ *If so, when was it last reviewed?* _____

8. Does the registrant charge its clients contract fees, transaction fees, professional fees, compensation or administrative fees (any fees other than premiums)? Yes No
- *If so, for what categories of products or services?*
- Insurance of persons
 - Accident and sickness insurance
 - Group insurance of persons
 - Group annuity plans
 - Personal-lines damage insurance
 - Commercial-lines damage insurance
 - Personal-lines claims adjustment
 - Commercial-lines claims adjustment
 - Financial planning
 - Mortgage brokerage
9. Does the registrant have clients who no longer have a home address in Québec? Yes No
- *If so, what categories of products or services does it hold or offer?*
- Insurance of persons
 - Accident and sickness insurance
 - Group insurance of persons
 - Group annuity plans
 - Personal-lines damage insurance
 - Commercial-lines damage insurance
 - Personal-lines claims adjustment
 - Commercial-lines claims adjustment
 - Financial planning
 - Mortgage brokerage
10. Does the registrant have partnerships with the following businesses?
- Automobile dealers Yes No
 - Aggregators (premium comparison websites) Yes No
 - Call centres / telemarketing Yes No
 - Real estate agencies or brokers Yes No

DECLARATION PERTAINING TO DAMAGE INSURANCE (if applicable)

1. Did the registrant sell damage insurance products in Québec during the year ended last December 31? Yes No

➤ If so, please fill out the following table by indicating the business volume placed with insurers for which the registrant sold products. You must provide information only for insurers representing at least 10% of the registrant’s business volume in Québec by type of product.

Insurer (Client name and No.)	Personal-lines automobile (Premium volume)	Personal-lines home (Premium volume)	Commercial- lines (Premium volume)	Other products (Premium volume)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

➤ In the **Manage Business Relationships** form, please check “Distribution agreement” in an “Insurer” business relationship field for each insurer with which the registrant has such an agreement.

2. In general, from how many insurers does the registrant (through its representatives) request quotes before offering product(s) to its clients?

– Personal-lines: _____
– Commercial-lines: _____

3. In general, from how many insurers does the registrant (through its representatives) select products to present to its clients?

– Personal-lines: _____
– Commercial-lines: _____

4. Is the registrant a member of a banner? Yes No

A banner is the designation under which a business carries on its activities. A banner is any name, mark, symbol or sign belonging to a group, network or association of firms or independent partnerships.

➤ If so, which one? _____

5. Does the registrant act as a wholesaler? Yes No

Damage insurance wholesalers are businesses that pursue brokerage and underwriting activities concurrently or separately. See Notice relating to damage insurance wholesalers and their employees; available in French only (Avis relatif aux grossistes en assurance de dommages et à leurs employés).

➤ If so:

– How many registrants does it serve? _____
– In the **Manage Business Relationships** form, please check “Wholesaler agreement” in an “Insurer” business relationship field for each insurer for which the registrant acts as a wholesaler.

6. Does the registrant use the services of wholesalers? Yes No

➤ If so, in the **Manage Business Relationships** form, please disclose a “Wholesaler” business relationship for each one.

DECLARATION PERTAINING TO INSURANCE OF PERSONS (if applicable)

1. Does the registrant act as general agent?

Yes No

General agent means a registrant to which an insurer has delegated certain tasks and which acts as an Intermediary between that insurer and other registrants. This includes general agents, affiliated general agents and any other industry title that meets this definition.

➤ *If so:*

- Please indicate the number of registrants it serves: _____
- Please indicate the annual premium volume in individual insurance of persons for the registrant’s general agent activities in Québec (excluding premiums written through attached representatives, if applicable) for the year ended last December 31: \$ _____
- In the **Manage Business Relationships** form, please disclose a “General agent agreement” in an “Insurer” business relationship field for each insurer for which the registrant will act as a general agent.

➤ *If not:*

- Does it have direct distribution agreements with insurers? Yes No
 - If so, in the **Manage Business Relationships** form, please disclose a “Distribution agreement” in an “Insurer” business relationship field for each insurer with which the registrant has such an agreement.
- Does it have distribution agreements with other registrants? Yes No
 - If so, in the **Manage Business Relationships** form, please disclose a “Distribution agreement” in an “Other registrant” business relationship field for each other registrant with which the registrant has such an agreement.

2. Does the registrant have distribution agreements with general agents?

Yes No

➤ *If so, in the **Manage Business Relationships** form, please disclose a “General agent” business relationship for each general agent with which the registrant has such an agreement.*

3. Indicate volume of premiums sold in Québec for the year ended last December 31:

- Living benefits \$ _____
- Death benefits \$ _____
- Individual annuities \$ _____
- Segregated fund assets under management \$ _____

DECLARATION PERTAINING TO GROUP INSURANCE OF PERSONS (if applicable)

1. Does the registrant act as a general agent?

Yes No

General agent means a registrant to which an insurer has delegated certain tasks and which acts as an intermediary between that insurer and other registrants. This includes general agents, affiliated general agents and any other industry title that meets the above definition.

➤ If so:

- Please indicate the number of registrants it serves: _____
- Please indicate the annual premium volume in group insurance of persons, including group annuities, for the registrant's general agent activities in Québec (excluding premiums written through attached representatives, if applicable) for the year ended last December 31: \$ _____
- In the **Manage Business Relationships** form, please disclose a "General agent agreement" in an "Insurer" business relationship field for each insurer for which the registrant will act as a general agent.

➤ If not:

- Does it have direct distribution agreements with insurers? Yes No
 - If so, in the **Manage Business Relationships** form, please disclose a "Distribution agreement" in an "Insurer" business relationship field for each insurer with which the registrant has such an agreement.
- Does it have distribution agreements with other registrants? Yes No
 - If so, in the **Manage Business Relationships** form, please disclose a "Distribution agreement" in an "Other registrant" business relationship field for each other registrant with which the registrant has such an agreement.

2. Does the registrant have distribution agreements with general agents?

Yes No

➤ If so, in the **Manage Business Relationships** form, please disclose a "General agent" business relationship for each general agent with which the registrant has such an agreement.

3. Indicate volume of premiums sold in Québec for the year ended last December 31:

- Group insurance \$ _____
- Group annuities \$ _____

4. Does the registrant carry out activities as a program administrator (TPA)?

Yes No

5. Does the registrant carry out activities as a third-party payer (TPP)?

Yes No

6. Does the registrant have a procedure to help representatives draft proper mandates before setting up group plans?

Yes No

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DECLARATION PERTAINING TO PRODUCTS OR SERVICES OFFERED ON A DIGITAL SPACE (VIA THE INTERNET) (if applicable)

1. Please fill out the following tables if the registrant used a digital transaction space to enter into insurance contracts, settle claims or prepare financial plans in Québec during the year ended last December 31. The data you must provide covers only:
- The amount of premiums written through the digital space;
 - The number of insurance policies issued, financial plans prepared and claims settled entirely through the digital space;
 - The number of cases where a client rescinded an insurance contract purchased on the digital space.

Insurance products

Name of digital space and hyperlink or means to access	Name of product	Insurance product class	Type of insurance product	Amount of premiums written	Number of insurance policies issued	Number of cases where a client rescinded an insurance contract
Name: Hyperlink:				\$		
Name: Hyperlink:				\$		
Name: Hyperlink:				\$		
Name: Hyperlink:				\$		
Name: Hyperlink:				\$		

Claims settlement service

Name of digital space and hyperlink or means to access	Name of service (if applicable)	Insurance product class	Type of insurance product	Number of claims settled
Name: Hyperlink:				
Name: Hyperlink:				
Name: Hyperlink:				

Financial planning service

Name of digital space and hyperlink or means to access	Name of service (if applicable)	Number of financial plans prepared
Name: Hyperlink:		
Name: Hyperlink:		
Name: Hyperlink:		

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DECLARATION PERTAINING TO MORTGAGE BROKERAGE (if applicable)

1. In general, from how many lenders does the registrant (through its representatives) present a choice of products to its clients? _____

2. Is the registrant a member of a banner? Yes No
 ➤ If so, which one? _____

3. Did the registrant engage in at least one brokerage operation relating to a loan secured by immovable hypothec during the preceding year ended December 31? Yes No

- If so:
- Please specify the number of brokerage operation relating to a loan secured by immovable hypothec which the registrant was engaged in during the preceding year ended December 31: _____
 - Of this number, how many operations were engaged in entirely through one or more digital transaction spaces? _____

4. Did the registrant propose at least one residential mortgage loan to a client in the preceding year ended December 31? Yes No

➤ If so, please indicate the name of each lender whose residential mortgage loan had been proposed to a client in the preceding year ended December 31 and the number of such loans proposed to clients.

Name of financial institution or lender	Number of loans proposed

➤ In the **Manage Business Relationships** form, please check “Distribution agreement” in a “Mortgage lender” business relationship field for each of these mortgage lenders.

5. Did the registrant propose at least one commercial mortgage loan to a client in the preceding year ended December 31? Yes No

➤ If so, in the *Manage Business Relationships* form, please check “Distribution agreement” in a “Mortgage lender” business relationship field for each of these mortgage lenders.

6. Does the registrant hold one or more loans with a financial institution? Yes No

➤ If so, in the *Manage Business Relationships* form, please check “Loan agreement” in a “Other business” business relationship field for each of these financial institutions.

7. In the preceding year ended December 31, did the registrant propose one or more loans secured by immovable hypothec for which two or persons are party, directly or indirectly, as lenders (syndicated mortgage)? Yes No

➤ *If so:*

- *Please specify the number:* _____
- *Please specify the breakdown of these loans:*
 - *Residential:* _____
 - *Commercial:* _____
- *Please specify the number of such loans for which the registrant acted as lender:*
 - *Residential:* _____
 - *Commercial:* _____

8. In the preceding year ended December 31, did the registrant offer to act as a lender to one or more clients for a residential mortgage loan? Yes No

➤ *If so, please specify the number:* _____

9. In the preceding year ended December 31, did the registrant offer to act as a lender to one or more clients for a commercial mortgage loan? Yes No

➤ *If so, please specify the number:* _____

REQUIRED SUPPORTING DOCUMENTS

Missing documents will delay processing of your application.

Please refer to our [Forms – Firms, independent representatives and partnerships](#) web page for other required forms.

- The **Maintenance of Registration form**, signed and dated by an authorized person.

- A copy of the completed **Declaration of Officers and Directors or Partners schedule**, signed and dated by the officer or partner responsible for operations in Québec and by each director, officer or partner whose name appears on the declaration in the *Registraire des entreprises du Québec*.

- Required supporting documents (if applicable):
 - The completed **Declaration related to responsible officers in mortgage brokerage firms schedule**, signed and dated by an authorized person (if registered in the mortgage brokerage sector).
 - The completed **Manage Business Relationships form**, signed and dated by an authorized person (if applicable).

- Payment** within 45 days of the fees and contributions shown on the enclosed invoice.

DECLARATION ON INFORMATION PROVIDED

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

Last and first names (IN BLOCK LETTERS)

Signature Date: / /
 year month day