

Before completing this form, please read the following carefully:

This form must be completed by any firm that, in accordance with section 75 of the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2 (the "Act"), registers either as a **damage insurance brokerage firm** or as a **damage insurance agency**.

This form can be used by any independent partnership and any independent representative to confirm that they have met the requirements of this section that apply to them. Only a damage insurance broker can be a partner of an independent partnership or be registered as an independent representative. Therefore, an independent partnership or independent representative that completes this form must choose to register as a "damage insurance brokerage firm."

The term "registrant" in this form refers collectively to firms, independent partnerships and independent representatives.

This form can also be used to disclose to the AMF some of the information that must be contained in the public register kept in accordance with section 235 of the Act and to notify the AMF of any changes made to previously provided information.

If you need assistance in answering the questions on this form, please consult our website under **Professionals / Firms and representatives**.

Important: Registrants must inform the AMF of any change to any of the information provided **within 30 days** of the 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.

PART 1 – IDENTIFICATION

INFORMATION ABOUT THE REGISTRANT

Client No. (10 digits)		NEQ (10 digits)	
Name of business			

PART 2 – REGISTRATION IN DAMAGE INSURANCE

THE FIRM, INDEPENDENT PARTNERSHIP OR INDEPENDENT REPRESENTATIVE WANTS TO REGISTER AS:

<input type="checkbox"/> Damage insurance agency (Please go to Part 3)	<input type="checkbox"/> Damage insurance brokerage firm (Please go to Part 4)
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PART 3 – INFORMATION ABOUT A DAMAGE INSURANCE AGENCY

An independent partnership or independent representative may not be registered as a damage insurance agency. A firm must have an exclusive contract with an insurer in order to act as a damage insurance agency. A firm that is an insurer must write its name, as an insurer, in the table to indicate that it distributes its own products exclusively.

Please provide information about your exclusive contract. Refer to the register of insurers as needed.

INFORMATION TO BE PUBLISHED IN THE REGISTER

IDENTIFICATION OF INSURER

Refer to the register of insurers as needed.

Name of insurer

Insurer's client No.
(10 digits)

TICK ALL PRODUCTS COVERED BY THE EXCLUSIVE CONTRACT

Personal-lines	Commercial-lines
<input type="checkbox"/> Automobile insurance	<input type="checkbox"/> Automobile insurance
<input type="checkbox"/> Aircraft insurance	<input type="checkbox"/> Aircraft insurance
<input type="checkbox"/> Property insurance (home) <input type="checkbox"/> Property insurance (other than home)	<input type="checkbox"/> Property insurance
	<input type="checkbox"/> Boiler and machinery insurance
<input type="checkbox"/> Credit insurance	<input type="checkbox"/> Credit insurance
<input type="checkbox"/> Credit protection insurance	
<input type="checkbox"/> Mortgage insurance	<input type="checkbox"/> Mortgage insurance
	<input type="checkbox"/> Insurance against embezzlement
<input type="checkbox"/> Legal expense insurance	<input type="checkbox"/> Legal expense insurance
	<input type="checkbox"/> Hail insurance
<input type="checkbox"/> Fire insurance	<input type="checkbox"/> Fire insurance
<input type="checkbox"/> Liability insurance	<input type="checkbox"/> Liability insurance
<input type="checkbox"/> Title insurance	<input type="checkbox"/> Title insurance

PART 4 – INFORMATION ABOUT A DAMAGE INSURANCE BROKERAGE FIRM

4.1 – CONDITIONS RELATED TO THE FIRM'S CAPITAL

This section must be completed by firms only.

1. Does a financial institution, a financial group or a legal person related thereto hold an interest allowing it to exercise more than 20% of the voting rights attached to the shares issued by the firm? Yes No

2. Does a financial institution, a financial group or a legal person related thereto hold an interest representing more than 50% of the value of the firm's equity capital? Yes No
 - *For the purposes of this question, a firm's equity capital does not include shares that do not carry the right to vote or the right to receive a share of the firm's remaining property on liquidation (generally designated as "preferred" shares), in accordance with section 150 of the Act respecting financial products and services.*

If you answered YES to either of the above two questions, you do not satisfy the conditions to be registered as a damage insurance brokerage firm. To find out what options are available to you, please consult our website under **Professionals/Firms and representatives** or call us at 1-877-525-0337.

INFORMATION TO BE PUBLISHED IN THE REGISTER

Interest in shares issued by the firm

- | | |
|---|---|
| <p>Does a financial institution, a financial group or a legal person related thereto hold an interest in shares issued by the firm representing more than 20% of the value of the firm's equity capital?</p> <ul style="list-style-type: none"> ➤ <i>For the purposes of this question, a firm's equity capital does not include shares that do not carry the right to vote or the right to receive a share of the firm's remaining property on liquidation (generally designated as "preferred" shares), in accordance with section 150 of the Act respecting financial products and services.</i> ➤ <i>If so, please provide the following information.</i> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

Name of the financial institution, the financial group or the legal person related thereto

PART 5 – CERTIFICATION

RESPONSIBLE OFFICER OR PARTNER / AUTHORIZED SIGNATORY / INDEPENDENT REPRESENTATIVE

I certify 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**.

Forms sent by e-mail or fax **will not be accepted**.

Please send your form to the following address:

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