

Before completing this form, please read the following carefully:

This form is for firms that wish to register a special broker. Only a damage insurance broker acting for a firm may be a special broker. A special broker may offer the products of an outside insurer where justified by market scarcity. Market scarcity means that at least three insurers holding a licence in Québec have refused to issue an insurance policy for a given risk.

**SECTION 1 – IDENTIFICATION**

**INFORMATION ABOUT THE FIRM APPLYING FOR AUTHORIZATION**

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

**INFORMATION ABOUT THE BROKER APPLYING FOR AUTHORIZATION  
(damage insurance only)**

Client No. (10 digits)			
Mr. <input type="checkbox"/>	First name		Last name
Ms. <input type="checkbox"/>			
Date of birth	____ / ____ / ____		
	year	month	day

**INFORMATION ABOUT DAMAGE INSURERS**

(insurers holding licences in Québec and whose services the firm is authorized to offer and whose products the firm is authorized to sell)

**NAME AND BUSINESS ADDRESS OF INSURER NO. 1**

Name of insurer			
Civic No./ P.O. Box		Street	Suite / Unit
Municipality		Province	Postal code

**NAME AND BUSINESS ADDRESS OF INSURER NO. 2**

Name of insurer			
Civic No./ P.O. Box		Street	Suite / Unit
Municipality		Province	Postal code

**NAME AND BUSINESS ADDRESS OF INSURER NO. 3**

Name of insurer			
Civic No./ P.O. Box		Street	Suite / Unit
Municipality		Province	Postal code

**SECTION 2 – REQUIRED SUPPORTING DOCUMENTS**

**APPLICATION FOR A REPRESENTATIVE'S CERTIFICATE**

	SUPPORTING DOCUMENTS
<b>Application for authorization – Special broker</b> <i>Two documents required</i>	<input type="checkbox"/> Latest financial statements signed by 2 directors <input type="checkbox"/> Copy of security in the amount of \$100,000

**SECTION 3 – FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2020 TO DECEMBER 31, 2020**

File study fee \$53

<b>TOTAL</b>	<b>\$53</b>
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**SECTION 4 – DECLARATION OF RESPONSIBLE OFFICER**

I declare that the information provided in this form is accurate and complete. Attached are all the supporting documents required to process my application.

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Signature			Date	____ / ____ / ____ year month day

<b>PAYMENT SLIP</b>			
<b>CLIENT INFORMATION</b>			
Client No. (10 digits)		NEQ (10 digits)	
Name of business			
<b>FEES PAYABLE (fees are non-refundable)</b>			
Amount due: <u>    </u> \$53			
<b>METHOD OF PAYMENT</b>			
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order	Payment must be made to the order of the <b>Autorité des marchés financiers</b> and must be dated <b>the day you mail</b> this form.		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	I authorize the AMF to charge the amount of \$_____ to my credit card.  Card No.: _____ / _____ / _____ / _____  Expiry date: _____ / _____ month                   year  _____ Name of cardholder <b>(in block letters)</b>  _____ Signature of cardholder <span style="float: right;">Date: _____ / _____ / _____                                 year                   month                   day</span>		

The AMF accepts forms sent by **regular mail** only.  
Forms sent by e-mail or fax will **not** be accepted.

Send your application form and supporting documents along with 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