

Damage insurance (Personal Lines and Commercial Lines)  
Claims adjustment (Personal-lines and Commercial-lines)

## AMF E-Services

If you prefer to submit your application via our on-line service,  
please go to our website at [www.lautorite.qc.ca/en/e-services.html](http://www.lautorite.qc.ca/en/e-services.html).

### Important

*Incomplete applications will delay processing. In addition, if you do not submit all missing documents by the specified date, your application for examination registration authorization will be cancelled and no fees will be refunded.*

*You must inform the AMF of any change to the information in this application within 5 days of the date on which it occurs.*

PART 1 – IDENTIFICATION (in block letters)							
Client No. (10 digits)							
Ms. <input type="checkbox"/>	First name				Last name		
Mr. <input type="checkbox"/>							
Date of birth	____ / ____ / ____ year month day	Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>					
HOME ADDRESS							
Civic No.		Street				Apt.	
City				Province		Postal code	
Telephone (residence)				Telephone (business)		Ext.	
Cell phone				E-mail			

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## PART 2 – STATEMENT

Throughout your probationary period, you must comply with the conditions of issuance of a representative's certificate as prescribed under section 56 of the Regulation respecting the issuance and renewal of representatives' certificates of *An Act respecting the distribution of financial products and services*.

1. Are you sponsored by an insurance firm registered with the AMF or by an educational institution recognized by the AMF?  Yes  No

If so, name of organization: \_\_\_\_\_

Firm's AMF client No.: \_\_\_\_\_

2. Do you hold a valid representative's certificate from another province?  Yes  No

➔ If so, which province? \_\_\_\_\_ Number of years of practice: \_\_\_\_\_

Sector or sector class: \_\_\_\_\_

3. Will you be carrying out activities (remunerated or not) in a field other than that which is related to your practice as a representative during the time that you hold a probationary certificate or a representative's certificate? - You may answer "no" to this question if your other activity is related to a right to practise issued by the AMF or a mortgage broker licence issued by the *Organisme d'autoréglementation du courtage immobilier du Québec* (OACIQ).  Yes  No

➔ If you answered **yes**, please complete and submit the **Dual Employment form**.

➔ Have you already declared this other activity?  Yes  No

4. Are you a member of a professional order?  Yes  No

➔ Which one? \_\_\_\_\_ What is your member number? \_\_\_\_\_

➔ Do you carry out activities related to this profession?  Yes  No

5. Since your last statement, have you pleaded guilty or been convicted of an offence or a criminal act by a Canadian or foreign court, have you been the subject of a civil suit related to your activities as a representative or has a disciplinary sanction been taken against you by a disciplinary committee? - You do not need to answer "yes" to this question if you were found not guilty or if the charges against you were withdrawn.  Yes  No

➔ If you answered **yes**, please complete and submit the **Statement of Guilt form**.

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6. Are you in default of paying any outstanding fines, costs or interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of such a committee under any of the following: *An Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the former *An Act respecting market intermediaries*, R.S.Q., c. I-15.1; the *Real Estate Brokerage Act*, CQLR, c. C-73.1; the *Securities Act*, CQLR, c. V-1.1, or the Professional Code, CQLR, c. C-26?  Yes  No

If you answered **yes**, please attach details to your application.

7. Since your last statement, has your certificate or right to practise been suspended, cancelled, revoked or subject to any restrictions or conditions, or have you been the subject of a disciplinary sanction imposed by a disciplinary committee or by a body in Québec or in another province or jurisdiction that is responsible for supervising and monitoring persons acting as representatives in a sector or sector class governed by *An Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, or a category governed by the *Securities Act*, CQLR, c. V-1.1?  Yes  No

➔ Decision No.: \_\_\_\_\_ Date: \_\_\_\_\_

➔ Decision maker's name: \_\_\_\_\_ Sector/sector class/category: \_\_\_\_\_

8. Since your last statement, have you filed for bankruptcy, made an assignment of your property or been placed under a receiving order pursuant to the *Bankruptcy and Insolvency Act*, R.S.C., 1985, c. B-3?  Yes  No

➔ If you answered **yes**, please complete and submit the **Statement of Bankruptcy form**.

9. Has a tutor, curator or adviser been appointed to you? (Protective supervision is a mechanism provided for by law to protect persons who are found to be incapable. A supervisor is not considered a tutor, curator or adviser.)  Yes  No

➔ If you answered **yes**, please attach details to your application.

10. Have you ever been a director, officer or partner of a firm or independent partnership whose registration was cancelled under *An Act respecting the distribution of financial products and services*, CQLR, c. D-9.2?  Yes  No

If you answered **yes**, please attach details to your application.

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**PART 3 – PURPOSE OF THE APPLICATION**

- Authorization to register for examinations for a first certificate
- Addition of sector or sector class to a certificate
- Reinstatement of certificate

**PART 4 – CHOICE OF SECTOR OR SECTOR CLASS**

- Damage insurance (personal-lines and commercial-lines)
- Personal-lines damage insurance
- Commercial-lines damage insurance
- Claims adjustment (personal-lines and commercial-lines)
- Claims adjustment for personal-lines damage insurance
- Claims adjustment for commercial-lines damage insurance

**PART 5 – CAREER ELIGIBILITY REQUIREMENTS**

To register for an examination session, you must provide proof that you meet the career eligibility requirements as defined by the AMF for the chosen sector or sector class. If you do not meet these requirements, processing of your application may be delayed or your application may be cancelled.

**Note**

*If you provided these documents with a previous application, it is not necessary to do so again. The AMF reserves the right to request an original document.*

**Check only the requirement that applies to your situation.**

- ➔ **If you check any of these requirements**, you must attach a photocopy\* of the official transcript issued by the registrar of the educational institution stating that the diploma was obtained.
- Diploma of collegial studies from Québec;
- Attestation of collegial studies in damage insurance recognized in an agreement entered into for that purpose between the AMF and a Québec college-level educational institution;
- Two university certificates of 30 credits each issued by a Canadian university;
- Bachelor's degree, specialized graduate diploma, Master's degree or doctoral degree issued by a Canadian university;

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<input type="checkbox"/> Decision issued by the AMF recognizing a level of education equivalent to a diploma of collegial studies
<input type="checkbox"/> <i>Évaluation comparative des études effectuées hors du Québec</i> issued by the <i>Ministère de l'Immigration, de la Diversité et de l'Inclusion</i> indicating a level of education equivalent to a diploma of collegial studies or graduate diploma (attach photocopy)*;
<input type="checkbox"/> Decision issued by the AMF recognizing a secondary level of education and at least 3 years of full-time employment experience.
<input type="checkbox"/> Certificate in damage insurance issued by the AMF after October 1, 2002 that was held for at least one year. ➤ Certificate No.: _____
<input type="checkbox"/> Certificate in damage insurance issued by another province or territory in Canada; ➤ <b>If you checked this requirement</b> , you must attach proof issued by the body responsible for the province or territory where you held your certificate indicating that you were authorized to act as a representative in that province or territory. This authorization must have been valid in the year preceding your application to act as a representative.
<input type="checkbox"/> Proof of residence ➤ You must also provide proof that you were living in a province other than Québec when you obtained the legal authority to carry on activities as a representative. This proof must show your name and address. A list of accepted proofs of residence is available on our website.

### PART 6 – VALID PROOF OF CANADIAN IDENTITY

#### Note

*If you provided proof of identity with a previous application, it is not necessary to do so again.*

Check one of the required **proofs of valid Canadian identity** below and attach a photocopy to your application. Incomplete applications will delay processing.

- Canadian citizenship card or certificate;
- Permanent Resident Card;
- Birth certificate issued in Canada;
- Canadian passport;
- Record of Landing;
- Canadian work permit.



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<b>PART 9 – FEES PAYABLE AND PAYMENT</b>			
<b>CLIENT INFORMATION</b>			
Client No. (10 digits)			
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name	Last name	
Name of firm			
<b>FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2021 TO DECEMBER 31, 2021 (Please note that fees are non-refundable.)</b>			
File study fee:	<input checked="" type="checkbox"/> \$74	If paying by credit card, please carry the amount over to the space below marked with an *. If the amount shown is greater than the amount due, we reserve the right to correct this amount and adjust it downwards.	
<b>METHOD OF PAYMENT</b>			
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order	Please make your payment payable to the order of the <b>Autorité des marchés financiers</b> and <b>date it on the day on which the form is sent.</b>		
<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		
	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