

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 <http://www.lautorite.qc.ca/en/e-services.html>.

#### Important

*Please ensure that you have permission to register before submitting your application.*

PART 1 – IDENTIFICATION (in block letters)									
CLIENT INFORMATION									
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					

#### Important

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

### PART 2 – CHOICE OF EXAMINATIONS

You may write more than one examination on the same day or spread your examinations over multiple available dates. In either case, you will have to pay the registration fees only once, provided you indicate all the scheduled dates for your examinations on this form. Fees are payable for every new registration application you submit.

**To register for examinations, you must consult the exam calendar (and timetable) and indicate the following information in the table below:**

- language and location;
- sequence in which you wish register for the examinations (example: If you wish to write examination 03-412 first, indicate 1 in the column "Writing sequence" beside this examination and 2 beside examination 03-114);

**Information Centre**  
Toll-free: 1-877-525-0337  
Québec City: 418-525-0337  
Montréal: 514-395-0337

**dfq\_inscription-examens-dommages-sinistres\_January 2021**

- preferred writing dates and times (you may indicate up to 3 choices in order of preference);
- If you have a reservation number, please write it in the space under the examination location. Please also indicate the language requested.

DAMAGE INSURANCE				
Examination title	Language	Location	Writing sequence (1 to 4)	Date and time in order of preference
<b>03-114</b> – Understand the general principles of law applicable to damage insurance and the legislative framework governing the activities of damage insurance representatives.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>03-411</b> – Recommend personal property insurance products adapted to the client’s needs.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>03-412</b> – Recommend personal-lines and commercial-lines automobile insurance products adapted to the client’s needs.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>03-413</b> - Recommend commercial-lines property and civil liability insurance products adapted to the client’s needs.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

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COMMERCIAL-LINES DAMAGE INSURANCE				
Examination title	Language	Location	Writing sequence (1 to 3)	Date and time in order of preference
<b>03-114</b> – Understand the general principles of law applicable to damage insurance and the legislative framework governing the activities of damage insurance representatives.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>03-412</b> – Recommend personal-lines and commercial-lines automobile insurance products adapted to the client's needs.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>03-413</b> - Recommend commercial-lines property and civil liability insurance products adapted to the client's needs.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

CLAIMS ADJUSTMENT				
Examination title	Language	Location	Writing sequence (1 to 4)	Date and time in order of preference
<b>05-115</b> - Understand the general principles of law applicable to damage insurance and the legislative framework governing the activities of claims adjusters.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>05-511</b> - Settle personal property insurance claims based on the client's coverage.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>05-512</b> - Settle personal-lines and commercial-lines automobile insurance claims based on the client's coverage.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>05-513</b> - Settle commercial-lines property and civil liability insurance claims based on the client's coverage.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

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CLAIMS ADJUSTMENT FOR COMMERCIAL-LINES DAMAGE INSURANCE				
Examination title	Language	Location	Writing sequence (1 to 3)	Date and time in order of preference
<b>05-115</b> - Understand the general principles of law applicable to damage insurance and the legislative framework governing the activities of claims adjusters.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>05-512</b> - Settle personal-lines and commercial-lines automobile insurance claims based on the client's coverage.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>05-513</b> - Settle commercial-lines property and civil liability insurance claims based on the client's coverage.	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

#### Applications by candidates authorized to act as representatives in another province or territory of Canada

If you are authorized to act as a representative in another Canadian province or territory and you meet all career eligibility requirements, you are required:

- To pass the examinations pertaining to legislation and taxation;
- To complete the probationary period

If this condition does not apply to you, you must meet all qualification requirements. The qualification requirements can be consulted in the "Becoming a professional" section of the AMF's website.

#### Application for reinstatement

- Individuals who have surrendered their certificates for a period of more than one year and less than three years and held a certificate for at least one year are required to pass only the examination pertaining to legal concepts and legislation.

#### Notice of examination

A notice of examination will be sent when the AMF has processed your application after receiving payment of the applicable fees. This notification will confirm your exam schedule. When you receive your notification, check the dates and times you are scheduled to write your examinations. The AMF may not be able to register you for the chosen dates and times due to the limited number of seats in the examination rooms.

#### Application to postpone or cancel examinations

To change the date or time of an examination you are registered for, use the Application to Postpone or Cancel Examinations form.

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**PART 3 – DISCLOSURE OF DECISION TO THIRD PARTY**

Use this section to identify a third party to whom you would like the decision regarding your application to be disclosed, regardless of whether or not the third party is registered with the AMF.

Do you want the decision regarding your application to be disclosed to a third party?  Yes  No

If you answered **yes**, Is this person or firm registered with the AMF?

**Yes** AMF client No.: \_\_\_\_\_  
First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Name of firm: \_\_\_\_\_

**No** First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Name of firm: \_\_\_\_\_  
Language of correspondence:  French  English

**MAILING ADDRESS (THIRD PARTY)**

Civic No.		Street		Apt.	
City		Province		Postal code	
Telephone (residence)		Telephone (business)		Ext.	
Cell phone		E-mail			



