

**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.

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.

**SECTION 1 – IDENTIFICATION**
**INFORMATION ABOUT THE FIRM APPLYING FOR AUTHORIZATION**

Client No. (10 digits)		NEQ (10 digits)	
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Name of firm	
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**INFORMATION ABOUT THE BROKER APPLYING FOR AUTHORIZATION  
(damage insurance only)**

Client No. (10 digits)	
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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	
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Civic No./ P.O. Box		Street		Suite / Unit	
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Municipality		Province		Postal code	
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**NAME AND BUSINESS ADDRESS OF INSURER NO. 2**

Name of insurer	
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Civic No./ P.O. Box		Street		Suite / Unit	
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Municipality		Province		Postal code	
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**NAME AND BUSINESS ADDRESS OF INSURER NO. 3**

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

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

DCI\_Special-broker-A\_January 2024

## 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, 2024 TO DECEMBER 31, 2024

File study fee \$61.00

<b>TOTAL</b>	<b>\$61.00</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>    \$61.00    </u>			
<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: _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> <span>month</span> <span>year</span> </div> _____ Name of cardholder <b>(in block letters)</b>  _____ Signature of cardholder <div style="float: right; margin-top: 10px;">             Date: _____ / _____ / _____  <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> <span>year</span> <span>month</span> <span>day</span> </div> </div>		

The AMF only accepts forms sent by **mail** and submitted through **AMF E-Services**.

**No form** submitted by e-mail or fax will 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