

**Before completing this form, please read the following carefully:**

Use this form to apply to change your status from a damage insurance agent to a damage insurance broker or from a damage insurance broker to a damage insurance agent.

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your request.

**Rights of access and correction**

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c. A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access | AMF \(lautorite.qc.ca\)](http://www.lautorite.qc.ca).

**SECTION 1 – IDENTIFICATION**

**INFORMATION ABOUT THE REPRESENTATIVE**

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

**SECTION 2 – IDENTIFICATION OF THE BUSINESS**

Identify the business to which you want to be attached. Please note that the client number is a mandatory field that corresponds to the head office of the business.

**INFORMATION ABOUT THE FIRM, INDEPENDENT PARTNERSHIP OR INDEPENDENT REPRESENTATIVE**

Client No. (10 digits)		Name of business		
Telephone		Ext.	Fax	
E-mail				
<p>Is the business registered with AMF E-Services? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>➔ If you answered yes, you do not need to complete the <b>Attachment</b> portion of this form.</p>				

### SECTION 3 – CHOICE OF SECTORS OR SECTOR CLASSES

Please tick the box corresponding to the change in status you wish to make.

You will no longer be attached to the business to which you are currently attached in damage insurance.

SECTOR OR SECTOR CLASS TO REMOVE		REQUESTED SECTOR OR SECTOR CLASS
<input type="checkbox"/>	Damage insurance (Agent)	Damage insurance (Broker)
<input type="checkbox"/>	Personal-lines damage insurance (Agent)	Personal-lines damage insurance (Broker)
<input type="checkbox"/>	Commercial-lines damage insurance (Agent)	Commercial-lines damage insurance (Broker)
<input type="checkbox"/>	Damage insurance (Broker)	Damage insurance (Agent)
<input type="checkbox"/>	Personal-lines damage insurance (Broker)	Personal-lines damage insurance (Agent)
<input type="checkbox"/>	Commercial-lines damage insurance (Broker)	Commercial-lines damage insurance (Agent)

### SECTION 4 – DECLARATION

Please answer all of the questions below. Depending on your answers, you may be required to submit additional supporting documents.

“Since your last declaration” means any declaration you have previously submitted to the AMF as a candidate or certified representative under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2 (the “Distribution Act”).

**Important:** You must notify the AMF of any change to the information or a document furnished within 5 days of such change or, if it concerns the pursuit of another activity (“outside activity”), within 30 days of such change.

1. Since your last declaration, have you begun to pursue activities other than those arising from a right to practise granted by the AMF (“outside activities”) constituting a provision of finance-related services or requiring the segregation of clientele?  Yes  No

For further details, visit our [Activities to be declared \(Outside activities\)](#) web page.

- If you answered “yes”, please complete and submit the **Declaration of an outside activity form**.

2. Are you a member of the Ordre des administrateurs agréés du Québec?  Yes  No

- If you answered “yes”, please answer the following question:

What is your membership number? \_\_\_\_\_

Representative

3. Since your last declaration:

 Yes  No

- have you been convicted of an offence or a criminal act by a Canadian or foreign court

**or**

- have you been the subject of a civil suit related to your activities as a representative

**or**

- has a disciplinary sanction been imposed on you by a disciplinary committee or by a body in Québec or in another province or another state that is responsible for supervising and monitoring persons acting as representatives?

*You must answer “yes” to this question if you have been granted an absolute or conditional discharge under the Criminal Code, RSC 1985, c. C-46. However, you do not need to answer «yes» if you were found not guilty or the charges against you were withdrawn.*

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

4. Are you in default of paying any outstanding fines, costs and interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of such a committee, or are you in default of paying fines for an offence committed under any of the following: the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the *Real Estate Brokerage Act*, CQLR, c. C-73.2; the *Securities Act*, CQLR, c. V-1.1, or the *Professional Code*, CQLR, c. C-26?

 Yes  No

5. Since your last declaration, has your certificate or right to practise been suspended, cancelled, revoked or subject to any restrictions or conditions, or have you been sanctioned 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 a category governed by the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2 or the *Securities Act*, CQLR, c. V-1.1?

 Yes  No

*You do not have to answer “yes”, to this question if the decision was issued by the AMF, as the AMF already has this information on file.*

➤ *If you answered “yes”, please answer the following questions:*

- Decision No.: \_\_\_\_\_
- Date: \_\_\_\_\_
- Decision maker’s name: \_\_\_\_\_
- Sector or category: \_\_\_\_\_

Representative

6. Since your last declaration, 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*, RSC 1985, c. B-3?  Yes  No

*You do not have to answer “yes” to this question where a proposal was accepted by the creditors and the court.*

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

7. Are you under protective supervision in the form of a tutorship, curatorship or adviser?  Yes  No

*Protective supervision is a mechanism provided for by law to protect persons who are under a legal disability. A supervisor is not considered a tutor, curator or adviser.*

8. Since your last declaration, have you been a director, officer or partner of a firm or partnership whose registration was cancelled under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2 or the *Securities Act*, CQLR, c. V-1.1?  Yes  No

## SECTION 5 – REQUIRED SUPPORTING DOCUMENTS

Missing or incomplete supporting documents will delay processing of your application.

Please refer to our [Forms](#) web page for other required forms, if applicable.

SUPPORTING DOCUMENTS	
<b>Outside activity</b> <i>* If you answered “yes” to question 1.</i>	<input type="checkbox"/> <i>Declaration of an outside activity form</i>
<b>Guilt</b> <i>* If you answered “yes” to question 3.</i>	<input type="checkbox"/> <i>Statement of Guilt form</i>
<b>Bankruptcy</b> <i>* If you answered “yes” to question 6.</i>	<input type="checkbox"/> <i>Statement of Bankruptcy form</i>

**SECTION 6 – DECLARATION ON INFORMATION PROVIDED**

I declare that the information provided in this form is accurate and complete.

I undertake to notify the AMF of any change to the information or document furnished in connection with this application within 5 days of such change or, if it concerns the pursuit of another activity (“outside activity”), within 30 days of such change.

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

**SECTION 7 – FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2024 TO  
DECEMBER 31, 2024**

File study fee	\$47.00
Fee payable for the sector or sector class	\$111.00
<b>TOTAL</b>	<b>\$158.00</b>

**SECTION 8 – PAYMENT SLIP**
**CLIENT INFORMATION**

Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name	Last name	

**FEES PAYABLE (fees are non-refundable)**

 Amount due: \$158.00

If you are paying by credit card, please transfer this amount to the space indicated with a \* hereinbelow. If the amount shown is greater than the amount due, we reserve the right to correct this amount and adjust it downwards.

**METHOD OF PAYMENT**

<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	<p>I authorize the AMF to charge the amount of * \$_____ to my credit card.</p> <p>Card No.: _____ / _____ / _____ / _____</p> <p>Expiry date: _____ / _____  <small>month      year</small></p> <p>_____          Name of cardholder  <b>(in block letters)</b></p> <p>_____          Signature of cardholder</p> <p style="text-align: right;">Date: _____ / _____ / _____  <small>day      month      year</small></p>

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

**Before completing this form, please read the following carefully:**

Use this form to confirm the attachment of a representative to your business.

If you are registered for AMF E-Services, you don't have to complete this form. You will receive a secure message in AMF E-Services asking you to confirm the attachment.

**You are applying for:**

- Confirmation of attachment  
 Addition of attachment

SECTION 1 – IDENTIFICATION							
INFORMATION ABOUT THE FIRM, INDEPENDENT PARTNERSHIP OR INDEPENDENT REPRESENTATIVE							
Client No. (10 digits)				NEQ (10 digits)			
Name of business							
Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>							
MAIN ADDRESS							
Civic No.		Street				Suite / Unit	
Municipality				Province		Postal code	
Telephone				Fax			
E-mail							
MAILING ADDRESS				Same as main address <input type="checkbox"/>			
Civic No. / P.O. Box		Street				Suite / Unit	
Municipality				Province		Postal code	

SECTION 2 – INFORMATION ABOUT THE REPRESENTATIVE					
Client No. (10 digits)					
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name			Last name	

SECTION 3 – INFORMATION ABOUT ATTACHMENT	
Fees apply for the attachment of a representative. An invoice will be sent to you soon.	
TYPE OF ATTACHMENT	
The representative will pursue activities on behalf of the firm.	<input type="checkbox"/> As an employee <input type="checkbox"/> Without being an employee
The representative will pursue activities on behalf of the independent partnership.	<input type="checkbox"/> As a partner <input type="checkbox"/> As an employee
CHOICE OF SECTORS OR SECTOR CLASSES	
ENTIRE SECTORS	SECTOR CLASSES
<input type="checkbox"/> Damage insurance (Broker)	<input type="checkbox"/> Personal-lines damage insurance (Broker) <input type="checkbox"/> Commercial-lines damage insurance (Broker)
<input type="checkbox"/> Damage insurance (Agent)	<input type="checkbox"/> Personal-lines damage insurance (Agent) <input type="checkbox"/> Commercial-lines damage insurance (Agent)



**SECTION 4 – DECLARATION PERTAINING TO PROFESSIONAL LIABILITY INSURANCE**

**REPRESENTATIVE ATTACHED TO A FIRM (OR INDEPENDENT PARTNERSHIP) AS AN EMPLOYEE OR PARTNER**

Please answer the following question only if the representative will pursue activities on behalf of the firm (or independent partnership) as an **employee** or a **partner**.

1. Is the firm (or independent partnership) covered by professional liability insurance that is consistent with the requirements set out in section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2? Yes  No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

**REPRESENTATIVE ATTACHED TO A FIRM WITHOUT BEING AN EMPLOYEE**

Please answer the following questions only if the representative will pursue activities on behalf of the firm **without being an employee**.

1. Please indicate how the representative is covered for professional liability:
- Covered by the firm's insurance
  - Covered by an individual insurance policy
- *If the representative is covered by an individual insurance policy, please provide the following information for each insurance policy held by the representative:*

Insurer (Name or client No.)	Policy No.	Policy certificate No.

2. Is the professional liability insurance policy covering the representative consistent with the requirements set out in section 17 of the *Regulation respecting the pursuit of activities as a representative*, CQLR, c. D-9.2, r. 10? Yes  No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

**INDEPENDENT REPRESENTATIVE**

Please answer the following question only if you will pursue activities as an **independent representative**.

1. Are you covered by professional liability insurance that is consistent with the requirements set out in section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2? Yes  No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

**SECTION 5 – CHOICE OF BRANCH**

Name of branch					
<b>ADDRESS</b>					
Civic No.		Street		Suite / Unit	
Municipality		Province		Postal code	

**SECTION 6 – REQUIRED SUPPORTING DOCUMENTS**

Missing supporting documents will delay processing of your application.

SUPPORTING DOCUMENTS	
<b>Professional liability insurance</b>  * If you answered “no” to a question in Section 4 – Declaration pertaining to professional liability insurance.	<input type="checkbox"/> Professional liability insurance policy, including all endorsements

**SECTION 7 – DECLARATION ON INFORMATION PROVIDED**
**SIGNATURE OF THE OFFICER IN CHARGE, AUTHORIZED SIGNATORY, PARTNER IN CHARGE OR INDEPENDENT REPRESENTATIVE**

I declare that the information provided in this form is accurate and complete.

 I also confirm that I am keeping a record on the outside activities of the representative, if applicable, which includes the documents and information enumerated in the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, D-9.2, r. 2.

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** and submitted through **AMF E-Services**.

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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