

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 <a href="https://www.lautorite.qc.ca/en/e-services.html">www.lautorite.qc.ca/en/e-services.html</a>.

### **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)											
	First name					Last name					
Date of birth	Date of birth/ Language of correspondence: French □ English □					n 🗖					
HOME ADD	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**

Please answer all of the questions below. Depending on your answers, you may be required to submit additional supporting documents. The forms are available on the AMF website at <a href="https://www.lautorite.qc.ca">www.lautorite.qc.ca</a> in the section *Professionals*.

"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").

If this is your first declaration, please provide a complete history of the facts for each of the questions below.

**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.	Do you hold a valid representative's certificate from another province?	☐ Yes	☐ No
+	If so, which province? Number of years of pra	actice:	
	Sector or sector class:		
2.	<ul> <li>Since your last declaration:</li> <li>have you been convicted of an offence or a criminal act by a Canadian or foreign court</li> <li>or</li> <li>have you been the subject of a civil suit related to your activities as a representative</li> </ul>	☐ Yes	□ No
	<ul> <li>or</li> <li>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?</li> </ul>		
	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.		
	answered <b>yes</b> , please complete and submit the <b>Statement of Guilt form</b> .	☐ Yes	□ No
3.	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 <i>Act respecting the distribution of financial products and services</i> , CQLR, c. D-9.2; the <i>Real Estate Brokerage Act</i> , CQLR, c. C-73.2; the <i>Securities Act</i> , CQLR, c. V-1.1, or the		

Information Centre
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Québec City: 418-525-0337
Montréal: 514-395-0337

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Professional Code, CQLR, c. C-26?

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

4.	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 <i>Act respecting the distribution of financial products and services</i> , CQLR, c. D-9.2, the <i>Real Estate Brokerage Act</i> , CQLR, c. C-73.2, or the <i>Securities Act</i> , CQLR, c. V-1.1?	☐ Yes	□ No
	You do not need to answer "yes" to this question if the decision was issued by the AMF, as the AMF already has this information on file?		
<b>+</b>	Decision No.: Date:		
+	Decision maker's name:Sector or sector class:		
5.	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 <i>Bankruptcy and Insolvency Act</i> , 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 Bankrupto	cy form.	
6.	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.		
<b>+</b>	If you answered <b>yes</b> , please attach details to your application.		
7.	Since your last declaration, have you been a director, officer or partner of a firm or partnership whose registration was cancelled under the <i>Act respecting the distribution of financial products and services</i> , CQLR, c. D-9.2, the <i>Real Estate Brokerage Act</i> , CQLR, c. C-73.2, or the <i>Securities Act</i> , CQLR, c. V-1.1?	☐ 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						
PA	ART 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						
PA	RT 5 – CAREER ELIGIBILITY REQUIREMENTS						
defi	register for an examination session, you must provide proof that you meet the career eligibility requirements as need by the AMF for the chosen sector or sector class. If you do not meet these requirements, processing of r application may be delayed or your application may be cancelled.						
If yo	ou provided these documents with a previous application, it is not necessary to do so again. The AMF reserves 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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	Decision issued by the AMF recognizing a level of education equivalent to a diploma of collegial studies;
	A comparative evaluation for studies done outside Canada issued by one of the members of the Alliance of Credential Evaluation Services of Canada indicating a level of education equivalent to a diploma of collegial studies or graduate diploma (attach photocopy);
	Decision issued by the AMF recognizing a secondary level of education and at least 3 years of full-time employment experience.
	Certificate in damage insurance issued by the AMF after October 1, 2002 that was held for at least one year.
<b>+</b>	Certificate No.:
	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.
<b>□</b>	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.
Р	ART 6 – VALID PROOF OF CANADIAN IDENTITY
No	te
If y	ou provided proof of identity with a previous application, it is not necessary to do so again.
No	t providing one of the identity documents listed below will result in a delay in the processing of your application.
	e AMF may determine that one or more additional proofs of identity are required. <b>Note that a driver's licence health insurance card is not considered valid proof of identity.</b>
Ch	
_	eck and attach to this form one of the valid Canadian identity documents below:
Ш	eck and attach to this form one of the <b>valid Canadian identity documents</b> below:  Birth certificate issued by the <i>Directeur de l'état civil</i> of Quebec or another provincial or territorial authority
	·
_	Birth certificate issued by the <i>Directeur de l'état civil</i> of Quebec or another provincial or territorial authority
	Birth certificate issued by the <i>Directeur de l'état civil</i> of Quebec or another provincial or territorial authority Citizenship card or certificate
0	Birth certificate issued by the <i>Directeur de l'état civil</i> of Quebec or another provincial or territorial authority Citizenship card or certificate  Confirmation of Permanent Residence (IMM5292 or IMM5688)

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### PART 7 - CANDIDATE'S STATEMENT CONCERNING AMF EXAMINATIONS

By registering for AMF examinations, I acknowledge that:

- a) the mission of the AMF is to protect consumers;
- b) the evaluation of skills is one means by which the AMF fulfills its mission;
- AMF exams are intended to attest to the essential skills of future professionals and help ensure the protection of consumers;
- d) an evaluation of the skills of candidates must be conducted in a fair and equitable manner;
- e) the exams are the property of the AMF and it is the sole holder of the copyrights to these examinations.

Consequently, I understand that the actions below infringe the copyrights of the AMF and its ability to fulfill its mission. Therefore, I undertake not to:

1. copy, in whole or in part, any of the examination questions;

I declare that I have read this statement and I agree with the terms hereof.

2. disclose in any manner whatsoever any information related to the examination questions.

In making this statement, I understand that compliance with this undertaking will be taken into consideration during the evaluation of my file at the time of the issuance and renewal of my representative's certificate.

This statement shall extend beyond the date when the certificate that I have applied for has been issued.

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_ year month day

#### **PART 8 - DECLARATION**

I declare that the information provided in this form is accurance appears on all my valid Canadian identity documents. I have my application.			•
	Date:	/	/

#### Rights of access and correction

Signature

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 <a href="Information Access/AMF">Information Access/AMF</a> (lautorite.qc.ca).

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PART 9 – FEES PAYABLE AND PAYMENT						
CLIENT INFORMATION						
Client No. (10 digits)						
Ms. Grant First name		Last name				
Name of firm						
FEES PAYABLE FOR THE (Please note that fees a	HE PERIOD FROM JANUARY 1, 20 re non-refundable.)	024 TO DECEM	IBER 31, 2024			
File study fee:  \$\square\$ \$85.00  If paying by credit card, please carry the space below marked with an *. If the amount than the amount due, we reserve the amount and adjust it downwards.				amount shown is greater		
METHOD OF PAYMENT						
☐ Cheque☐ Money order	Please make your payment payab financiers and date it on the day			des marchés		
☐ Visa☐ MasterCard	I authorize the AMF to charge the	amount of * \$	to r	my credit card.		
☐ American Express	Card No.://	/	_			
	Expiry date:/month year					
	Name of cardholder (in block letters)		_			
	Signature of cardholder		Date: yea	/ / ar month day		

The AMF only accepts forms sent by mail.

No form sent by e-mail or by fax will be accepted.

Send your form and payment to the following address:

Autorité des marchés financiers

Place de la Cité, tour Cominar

2640, boulevard Laurier, bureau 400

Québec (Québec) G1V 5C1

**Information Centre** 

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