

**Important**

This form must be completed by the insurer in order to notify the *Autorité des marchés financiers* (“AMF”) of claims made under a professional liability insurance. **Please complete one form per claim.**

If no claims were made, the insurer must complete a sworn statement to that effect.

This obligation is set out under section 17 of the Regulation respecting the pursuit of activities as a representative (R.R.Q., c. D-9.2, r.10) and section 29 of the Regulation respecting firms, independent representatives and independent partnerships (R.R.Q., c. D-9.2, r. 2).

**PART 1 – IDENTIFICATION**

Name of insured			
Name of insurer			
Person handling the claim			
Policy No.		Master contract number (if applicable)	
Claim No.		Date of claim:	____ / ____ / ____ year month day
Amount of claim:			
Reason for claim:			

**PART 2 – DECLARATION**

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

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

The AMF accepts forms sent by **mail** only.

Forms sent by e-mail will **not** be accepted.

Please send your form to the following address:

**Autorité des marchés financiers**  
Place de la Cité, tour Cominar  
2640, boulevard Laurier, bureau 400  
Québec (Québec) G1V 5C1