

NOTICE OF NON-RENEWAL OR CANCELLATION OF A PROFESSIONAL LIABILITY INSURANCE CONTRACT

IMPORTANT

This form must be completed by the insurer where a professional liability insurance contract is not renewed or is cancelled. This notice must be sent to the *Autorité des marchés financiers* ("AMF") at least 30 days before the non-renewal or cancellation of the contract. This obligation is set out under section 197 of *An Act respecting the distribution of financial products and services* (R.S.Q., c. D-9.2). Please complete one form for each notice of non-renewal or cancellation.

PART 1 – IDENTIFICATION

Name of insured			
Name of insurer	Lloyd's Underwriters through (please insert your firm's name)		
Policy No.		Master contract number (if applicable)	
Notice of:	<input type="checkbox"/> Non-renewal <input type="checkbox"/> Cancellation	Effective date:	____ / ____ / ____ year month day

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