

Before completing the form, please read carefully the following:

This form is designed for a firm that employs a damage insurance broker or on behalf of which a damage insurance broker wishes to be authorized to act as a special broker. The firm is responsible for filing the application with the AMF. For further information, consult the *Regulation respecting special brokerage in damage insurance* (Regulation No. 11) on the Web Site, at www.lautorite.qc.ca.

Please fill out this form in capital letters.

1. Identify the firm applying for this authorization

Name of your firm

AMF Registration No.

2. Indicate the name(s) and address(es) of the damage insurance broker(s) wishing to be authorized to act as a special broker (photocopy this form if necessary)

Broker's last name and first name

Certificate No.

Residential address

Broker's last name and first name

Certificate No.

Residential address

3. Indicate the names and addresses of the damage insurers holding licenses in Québec and whose services the firm is authorized to offer and whose products the firms is authorized to sell (at least three insurers)

Name of insurer

Business address

Name of insurer

Business address

Name of insurer

Business address

4. Enclose the following two documents with your application

- A copy of the firm's financial statements for the last fiscal year, signed by two of its directors.
- A copy of the security for a blanket amount of \$100,000.

5. Fees payable for each application for a special mention

- Study of the file **36 \$**
 - Reprinting of the certificate **40 \$**
- 76 \$ x = _____ = _____ \$**
Number of brokers

Method of payment

Cheque Payment must be made to the order of the *Autorité des marchés financiers* and **must be dated on the day of mailing.**

Visa Card No.: _____ / _____ / _____ / _____

Mastercard Exp.: _____ / _____
month year

I hereby agree that the AMF withdraw the amount of \$_____.

Name of the credit card holder **in capital letters**

Signature of the credit card holder

Date: _____ / _____ / _____
day month year

6. Declaration of the officer responsible for the firm

I declare that the information given on this application is true and complete.

Signature of the officer responsible Date: _____ / _____ / _____
day month year

**The AMF accepts forms by mail or fax. No form sent by e-mail will be accepted.
Send your application form duly completed with payment to the following address:**

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, suite 400
Sainte-Foy (Québec) G1V 5C1
Fax: (418) 528-7031
Web Site: www.lautorite.qc.ca