

Important

This form must be completed by the insurer when no new wording or amendments to existing wording have been made to its professional liability insurance policies. Insurers who add new wording or amend existing wording must send the new or amended wording to the *Autorité des marchés financiers* ("AMF").

PART 1 – IDENTIFICATION
INFORMATION ABOUT THE INSURER

Name of insurer	
Client No. (10 digits)	

PART 2 – STATEMENT

- ☐ We confirm that we did not add any new wording or make any changes to existing wording during the latest recent reporting period.

PART 3 – 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

SWORN STATEMENT

In witness whereof, I have signed:

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

Declared under oath before me (Commissioner for Oaths):

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Judicial district			Commission No.	
Signed in				Date
				____ / ____ / ____ year month day
Signature				

The AMF accepts form 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