

Important

This form must be completed by the insurer when new wording or amendments have been made to its professional liability insurance policies. The new or amended wording must be sent to the AMF.

PART 1 – IDENTIFICATION

INFORMATION ABOUT THE INSURER

Name of insurer			
Client No. (10 digits)		Wording No.	

PART 2 – INFORMATION AND STATEMENT

We confirm that we have added the following new wording: _____

We confirm that we have amended the following wording: _____

Please specify the amendments and the page or section where the information is found.

PART 3 – SUPPORTING DOCUMENTS TO BE PROVIDED

	SUPPORTING DOCUMENTS
Wording of liability insurance policy <i>1 document required based on the situation</i>	<input type="checkbox"/> Professional liability insurance contract

PART 4 – DECLARATION

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

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

SWORN STATEMENT

In witness whereof, I (officer/partner/independent representative) have signed:

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

Declared under oath before me (Commissioner for Oaths):

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