FINANCIAL
INSTITUTIONS
REGULATION BRANCH

Special Brokers Licensed Under *The Insurance Act* of Manitoba
Monthly Activity Report

Date: _____ **Submitted for Month of:** _____

Brokers Name: _____ **Agency Name:** _____

Insured's Name/Address	Name/Address of Unlicensed Insurer	Type of Policy	Amount of Insurance	Premium Paid

NO UNLICENSED ACTIVITY TO REPORT: ☐

_____ **Signature of Special Broker** _____ **Licence Number** _____
Print Name

IMPORTANT: THIS FORM IS TO BE SIGNED ONLY BY THOSE INDIVIDUALS WHO HOLD A VALID MANITOBA SPECIAL BROKER'S LICENCE. FORMS MAY BE SUBMITTED ELECTRONICALLY TO: FIRBINSURANCE@GOV.MB.CA

Reset

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A DIVISION OF THE MANITOBA FINANCIAL SERVICES AGENCY

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