

**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***

