

Available in alternative  
format upon request

## 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](mailto:FIRBINSURANCE@GOV.MB.CA)**

