



CPA PROFESSIONAL LIABILITY  
PLAN INC.  
RÉGIME COLLECTIF D'ASSURANCE  
RESPONSABILITÉ PROFESSIONNELLE  
DES CPA INC.

The Legacy CGA Professional Liability Insurance Program  
Administered by CPA Professional Liability Plan Inc.

## APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE

This is a claims received and reported policy. The policy applies only to claims first received by the insured during the policy period and reported to CPA Professional Liability Plan Inc in writing during the policy period or the extended reporting period. If a policy is issued, this application will become part of the policy; therefore, it is important that all questions be answered accurately. ANY KNOWN CLAIM OR POTENTIAL CLAIM OR INCIDENT MUST BE REPORTED TO YOUR INSURER PRIOR TO THE EXPIRATION DATE OF YOUR CURRENT POLICY.

**INSTRUCTIONS** Please read carefully all statements and questions on this application. Answer all questions; if the question does not pertain to your situation, state "n/a". Round to the nearest integer all numeric answers.  
If the information provided changes between the date this application is signed and the inception date of the Policy, you must advise CPA Professional Liability Plan Inc. by email to cga@cpaplan.ca.

**A. APPLICANT** (\*List all operating/registered firms in all locations including Professional Corporations and Incorporated Companies requiring coverage)

<u>Name of Firm*</u>	<u>Primary Area of Practice</u>	<u>Date Established</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Branch Office Locations: \_\_\_\_\_

**B. LIMITS AND DEDUCTIBLES**

Please choose one option:	Limit per Claim	Deductible per Claim	Full-time Practitioner		Part-time Practitioner	
			Base Premium	Discount	Base Premium	Discount
<input type="checkbox"/>	\$1,000,000	\$1,000	\$1,135	\$425	\$602	\$69
<input type="checkbox"/>	\$2,000,000	\$1,000	\$1,416	\$425	\$751	\$86

Limits and deductibles are eroded by certain costs and may be subject to sub-limits. Please read the Policy carefully.

	Sole practitioners and Firm with only one CPA	Firm with two CPAs	Firm with three or more CPAs
Aggregate Limit per Policy Period	\$2,000,000	\$4,000,000	\$6,000,000

**C. LIST ALL CPAs**

Full-Time (Annual billings greater than \$15,000)

Name	Membership #	Province of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part-Time (Annual billings of \$15,000 or less)

Name	Membership #	Province of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. PREMIUM SUMMARY AND PAYMENT OPTION**

Full-time CPAs Premium:	Total number of full-time CPAs _____ x applicable premium _____	\$	_____
Part-time CPAs Premium:	Total number of part-time CPAs _____ x applicable premium _____	+	\$ _____
Fully Earned & Retained Fee:	\$99 per online application or \$170 per manual application	+	\$ _____
Sales Tax:	8% ON or MB; 15% NL; 6% SK	+	\$ _____
	<b>Sub-total</b>	=	\$ _____
Full-time CPAs Discount:	Total number of full-time CPAs _____ x applicable discount _____	-	\$ _____
Part-time CPAs Discount:	Total number of part-time CPAs _____ x applicable discount _____	-	\$ _____
	<b>Total Payable</b>	=	\$ _____

Payment by Visa or MasterCard: please call 1 800 267-4734

Payment by cheque payable to CPA Professional Liability Plan Inc. and mailed to 277 Wellington Street West, Toronto, Ontario M5V 3H2

Please note that if your cheque is returned, we will require immediate payment by certified cheque or money order in the amount of the FULL PREMIUM plus administrative fee of \$25.

**E. ANNUAL GROSS BILLINGS**

Total gross billings generated by all firms in Section A for the last fiscal year \$ \_\_\_\_\_

**F. NATURE OF WORK** (NB: Assurance services are excluded unless you are specifically permitted to perform assurance engagements by relevant legislation.)

	Percentage of gross billings
1. Audit engagements for publicly held companies (please list company names)	_____ %
2. Audit engagements for credit unions (please list names of credit unions)	_____ %
3. Audit engagements for all others	_____ %
4. Review engagements	_____ %
5. Non-review preparation of financial statements	_____ %
6. Tax return preparation	_____ %
7. Tax and estate planning	_____ %
8. Management consulting	_____ %
9. Receivership and Trustee in bankruptcy services	_____ %
10. Valuation and business brokerage	_____ %
11. Executor; Power of Attorney services	_____ %
12. Personal financial planning	_____ %
13. PrimePlus formerly Eldercare services	_____ %
14. Investigative and forensic accounting services	_____ %
15. Investment consulting	_____ %
16. Bookkeeping	_____ %
<b>Total</b>	<b>100 %</b>

**G. OTHER COUNTRIES**

Does the Applicant Firm render services outside of Canada? No  Yes  \_\_\_\_\_ %

Does the Applicant Firm render services within Canada for or on behalf of corporations or individuals in the U.S.A.? No  Yes  \_\_\_\_\_ %

**H. CLAIMS WARRANTY DECLARATION, CONSENT AND SIGNATURE**

Have any claims ever been made against you, your firm, your staff or their predecessors in business, individually or otherwise, in respect to liabilities to be covered by the proposed insurance? Yes  No

Does the applicant or any of the present principals, partners or officers have any knowledge of any prior incident, act, error or omission, which could be a basis for claim under the insurance applied for? Yes  No

If Yes,  Previously reported; please provide any updates on a separate sheet.

New; please give full details, dates and amounts on a separate sheet.

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts. I/we agree that this Application, together with any other information supplied by me/us, shall be the basis of the Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this application form does not bind the Proposer or Insurer to complete this insurance. Payment of the premium after quotation is necessary to bind the coverage at the limit and deductible quoted for that premium.

By signing the application form, you represent and warrant that you are the authorized representative of all proprietors, shareholders, officers, partners and employees of all firms described in your application and that you have obtained and provide the consent of such individuals to the collection, use and disclosure of all personal information. CPA Professional Liability Plan Inc's complete Privacy Policy is available at [www.cpaplan.ca](http://www.cpaplan.ca).

**Consent to Disclose Professional Liability Insurance Coverage Information to your Provincial Regulatory Body**

- I, the undersigned, on behalf of my firm and all CPAs listed in this application form, hereby authorize CPA Professional Liability Plan Inc. to send a copy of my firm's professional liability insurance certificate and/or disclose coverage information to my Provincial Regulatory Body. CPA Professional Liability Plan Inc. undertakes to send such copy of the certificate or to disclose such coverage information only upon request from the Provincial Regulatory Body.
- I do not authorize CPA Professional Liability Plan Inc. to send a copy of my firm's professional liability insurance certificate or to disclose any information on my coverage to my Provincial Regulatory Body. Therefore, I hereby undertake sending the required proof of insurance to my Provincial Regulatory Body.

Name of Signatory (Partner or Principal) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_