



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 CIRCUMSTANCE WHICH COULD GIVE RISE TO A 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	\$1,216	\$120	\$645	\$30
<input type="checkbox"/>	\$2,000,000	\$1,000	\$1,517	\$100	\$805	\$20

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; 7% MB; 15% NL; 6% SK	+	\$ _____
	Sub-total	=	\$ _____
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 _____	-	\$ _____
	Total Payable	=	\$ _____

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	_____ %
Total	100 %

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

At the date of this application does the applicant have any knowledge of any claim made, any written or verbal allegation, or any act, error, omission or circumstance which may give rise to a claim under the proposed insurance? The applicant includes you, your firm, your firm's present or predecessor principals, partners, officers, and/or staff.

- Yes a. New incident: You must immediately provide details in writing by email to claims@cpaplan.ca.
 b. Previously reported. You must immediately provide any developments of which you may be aware by email to claims@cpaplan.ca.
 No

If a claim made, a written or verbal allegation, or any act, error, omission or circumstance which may give rise to a claim **arises after the submission date of the present form**, it must be **reported in writing without delay** to CPA Professional Liability Plan Inc. at claims@cpaplan.ca.

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. Completion of this Application does not bind the Insurer to provide, nor does it obligate the Applicant to purchase, this insurance. Payment of the premium is necessary to bind the coverage.

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.

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 _____