



Chartered Professional Accountants of Ontario
 130 King Street West Suite 3400
 PO Box 358
 Toronto ON M5X 1E1
 T. 416 962.1841 Toll free 1 800 387.0735
cpaontario.ca

Application for Professional Liability Insurance Coverage

This form is to be completed by a Member of the Chartered Professional Accountants of Ontario (“CPA Ontario”) who is applying for professional liability insurance coverage on the basis that they are engaging in the practice of public accounting (as described in s.2 of the *Public Accounting Act, 2004*, excluding any exceptions to services listed in s.3 of that *Act*) without reward and on a basis that is independent of the person for whom the services are being provided.

To assist Members who provide these services to small* charitable and not-for-profit organizations, the Council of CPA Ontario has approved the establishment of a policy to provide insurance coverage at no cost to such Members, provided that they meet the conditions noted below. Members who do not meet the conditions noted below must obtain their own insurance coverage in accordance with Regulation 14-1.

*Annual gross revenue from all sources is less than or equal to \$100,000.

CPA Ontario ID:

Member’s Full Name (as registered with CPA Ontario):

Conditions for obtaining professional liability insurance coverage through CPA Ontario:

- The Member is not licensed as a public accountant in Ontario;
- The Member is not engaged, either full-time or part-time, in the practice of public accounting;
- The only assurance engagements (as defined in the *Public Accounting Act, 2004*) that the Member performs are those that are being provided without reward to one or more charitable and not-for-profit organizations and each of these charitable and not-for-profit organizations does not have annual gross revenue (from all sources) in excess of \$100,000;
- The Member is not otherwise insured for the practice of public accounting (as described in s.2 of the *Public Accounting Act, 2004*, excluding any exceptions to services listed in s.3 of the *Act*) without reward; and
- The Member has registered a Firm with CPA Ontario or submitted a firm registration application in accordance with Regulation 10-1.

Information on the charitable or not-for-profit organization(s) for which I provide the assurance service(s)

Name(s) and Location(s)	Annual gross revenue	Type(s) of assurance engagement(s) e.g. audit, review, other assurance (please specify nature of “other”)

Declaration:

I confirm that I meet all conditions for obtaining professional liability insurance coverage through CPA Ontario.

I declare, represent and warrant that all the information I have provided in this application is true, accurate and complete. I acknowledge that providing false or misleading information to CPA Ontario may be a breach of the CPA Code of Professional Conduct and may result in consequences including, but not limited to, disciplinary proceedings, revocation of any Firm registration, and suspension of Membership.

Print full name _____ X _____
 Signature

Date (mm/dd/yyyy)