

# Application for Professional Liability Insurance Coverage – Form 4-4C

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 providing public accounting services (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 have 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 4-4.

\*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 performance of public accounting services (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 practice with CPA Ontario in accordance with Regulation 4-6.

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

Name(s) and Location(s)	Total gross annual income	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 hereby certify that the information provided within this application is true and complete. I acknowledge and agree that this application may not be considered to be complete in all respects and may not be processed, assessed or accepted if any of the required information or documentation has not been filed. I understand that any false or misleading statement contained in this application may result in my application for insurance being declined or, if insurance has been provided, in its being cancelled without notice to me. I understand it is an offence under Regulation 4-3 to provide information that is false or misleading and may result in this application being used in any proceeding respecting the validity of this application or my status as a Member or as a Firm.

Print full name \_\_\_\_\_ X \_\_\_\_\_ / /  
Signature Date (mm/dd/yyyy)