CHARTERED PROFESSIONAL ACCOUNTANTS ONTARIO

Chartered Professional Accountants of Ontario
69 Bloor Street East Toronto ON M4W 1B3
T. 416 962.1841 Toll free 1 800 387.0735
cpaontario.ca

Professional Liability Insurance (PLI) Declaration Form 4-4D

CPA Ontario Firm ID: | | | | | | | | |

Firm Name: |

Pursuant to the provisions of Bylaw 4.13 and *Regulation 4-4: Professional Liability Insurance*, any Member or Firm engaged in the practice of public accounting or providing accounting services to the public in Ontario must maintain a prescribed amount of professional liability coverage and must complete a declaration annually of current policy information. For additional information regarding professional liability insurance and the requirements refer to our website at cpaontario.ca or contact customer service at 416 969.4324. Please review and enter the required information below.

Required information

Effective date (mm/dd/yyyy): | | / | | / | | | | |

Expiry date (mm/dd/yyyy): | | / | | / | | | | |

Limit of liability per claim: |

Maximum allowable deductible: |

Insurance company: |

Policy number: |

Declaration of Professional Liability Insurance Coverage

I hereby confirm that the Firm maintains professional liability insurance coverage that complies with *Regulation 4-4*: Professional Liability Insurance adopted by the Council pursuant to the *Chartered Professional Accountants of Ontario Act, 2017* and the Bylaws. The minimum Professional Liability Insurance required to be maintained is:

- for a Firm of one Member or for a Member as set out in subsection 2.2, $1 million;
- for a Firm of two or three Members, $1.5 million;
- for a Firm of four or more Members, $2 million.

I also declare that the information on this form is true and complete. I authorize the above-named insurance company to confirm coverage and any cancellation or expiry of such coverage. I am aware that professional liability insurance in an unreduced amount shall continue to be maintained for a period of at least six years following any Firm changes such as merger, dissolution or cessation of practice.

	X _____			/		/			
Print full name	Signature of Partner/Practitioner	Date (mm/dd/yyyy)