CHARTERED PROFESSIONAL ACCOUNTANTS ONTARIO

Chartered Professional Accountants of Ontario
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Discovery Insurance Declaration – Form 4-4E

Member Name: **Firm ID:**

Firm Name:

In accordance with Section 11 of Regulation 4-4, to cover acts or omissions occuring prior to the changes noted below, I/we will be maintaining professional liability insurance in an unreduced amount for a period of at least six (6) years following (select all that apply):

- ☐ the withdrawal of a partner or Member employee of a Firm from engaging in the practice of public accounting or providing accounting services to the public, whether or not that partner or employee continues to carry on the practice of public accounting or providing accounting services to the public elsewhere;
- ☐ the merger, dissolution or cessation of practice of a Firm or sole proprietorship;
- ☐ the suspension, revocation or non-renewal of a Firm or sole proprietorship's registration, or the dissolution or discontinuance of a Firm or sole proprietorship;
- ☐ the suspension, revocation or non-renewal of a professional corporation's certificate of registration or authorization, or the dissolution or discontinuance of a professional corporation; or
- ☐ the withdrawal of a shareholder, officer, director or Member employee of a professional corporation, whether or not that shareholder, officer, director or Member employee continues to carry on the practice of public accounting or providing accounting services to the public elsewhere.

A. Discovery Policy Declaration

Name of Insurance Company:

Policy Number:

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

Expiry/Renewal date (mm/dd/yyyy): / / Coverage Amount: $

☐ I authorize the above-named insurance company to confirm the coverage details noted above and to notify CPA Ontario immediately of any reduction to that coverage or cancellation of this policy.

B. Covered by Another Firm

Name of Firm: **Firm ID:**

Name of Insurance Company:

Policy No.:

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

Expiry/Renewal date (mm/dd/yyyy): / / Coverage Amount: $

☐ I authorize the above-named insurance company to confirm the coverage details noted above and to notify CPA Ontario immediately of any reduction to that coverage.

C. Member Declaration

I confirm that the information noted on this form is true and complete.

Print full name

X _____ Signature

/ / Date (mm/dd/yyyy)

CPA Ontario ID: