



COMPTABLES
PROFESSIONNELS
AGRÉÉS DU QUÉBEC

ORDRE DES COMPTABLES PROFESSIONNELS AGRÉÉS DU QUÉBEC
GROUP PROFESSIONAL LIABILITY INSURANCE PLAN

Administered by ACPAI Insurance

APPLICATION AND PREMIUM SELF ASSESSMENT FORM
FOR THE PERIOD APRIL 1ST, 2017 TO APRIL 1ST, 2018

All members of the Ordre des comptables professionnels agréés du Québec (the “Order”) must maintain an insurance policy to cover any liability they may incur due to errors or negligence that may occur in the course of the practice of the profession. To do so, members must complete this declaration and participate in the Order’s group professional liability insurance plan (the “group insurance plan”) put in place by the Order. The Order makes the contract available while the insurer issues an insurance certificate to individual insured members.

Please complete all sections of this application form that apply to you.

Section A - IDENTIFICATION

CPA Order Member Number:	4						CPA, CA <input type="radio"/>	CPA, CGA <input type="radio"/>	CPA, CMA <input type="radio"/>	CPA <input type="radio"/>
Member Name:										
Preferred Mailing Address:							Phone Number:			
Mailing Address (line 2):							Fax Number:			
City, Province, Country:							Postal Code:			
Personal/Residential Address, if different from above:										
City, Province, Country:							Postal Code:			
E-mail Address:										
Name of Firm/Employer, if applicable:										
Start date at this employment (MM/DD/YYYY):										

Please indicate your correspondence preference:

Language of correspondence:	English <input type="radio"/>	French <input type="radio"/>
Method of correspondence:	E-mail <input type="radio"/>	Mail <input type="radio"/>

Section B -SELF ASSESSMENT OF YOUR PROFESSIONAL SITUATION

Please select the category of insureds that best describes your situation and pay the corresponding premium in Section C:

<p>1. I am a member of the Order and I work for a CPA Firm or another entity that has requested and been granted by the Order an exemption from the group insurance plan as defined in the Règlement sur l'assurance de la responsabilité professionnelle des membres de l'Ordre des comptables professionnels agréés du Québec.</p>		
Specifically:		✓
a) I am a partner or employee		<input type="radio"/>
b) I am a retired partner and/or work on contractual or per diem basis		<input type="radio"/>
<p>2. I am a member of the Order and I work for a CPA Firm or another entity that has requested and been granted an exemption by the Order; in addition:</p>		✓
<p>a) with or without remuneration, I offer to third parties, within a non-exempt firm or on my own account, professional servicesⁱ included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act. Refer to Category 6 and 11 for amount of premium due. Please provide here the name under which professional services are rendered:</p>		<input type="radio"/>
<p>b) I practise my profession for or on behalf of any employer other than one who provides to third parties professional services included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act. Your premium is \$60 plus tax. Please provide here the name of your employer:</p>		<input type="radio"/>



3. I am a member of the Order and I practise my profession for the Auditor General of Québec or of Canada or as an employee of the Government of Québec, the Government of Canada, or an organization to which of one of the aforementioned governments, the Parliament of Canada or the Québec National Assembly appoints the majority of members, or the corporate funds of which fall within the scope of either government.	<input type="radio"/>										
4. I am a member of the Order and I practise my profession for the Auditor General of a city or as an employee of a municipality, a mandatory body of a municipality or a supramunicipal body as defined by the Act Respecting the Pension Plan of Elected Municipal Officers (R.S.Q., c. R-9.3).	<input type="radio"/>										
5. I am a member of the Order and I practise my profession for or on behalf of any employer other than one who provides to third parties professional services included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act (for example, I work in a private enterprise).	<input type="radio"/>										
6. I am a member of the Order, and may or may not belong to category 2, 3, 4, or 5 above, and, with or without remuneration , I, within a firm, on my account, or as partner, a shareholder, a consultant, or on contractual basis, offer to third parties professional services included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act, the approximate value of which is less than \$10,000, excluding any activities in the capacity of a director or a member of the audit committee of a corporation.	<input type="radio"/>										
7. I am a member of the Order and I certify that under no circumstances do I practise the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act, either on an <i>ex gratia</i> basis or for gain.	<input type="radio"/>										
<p>8. I have the status of retired member with the Order OR I will be requesting from the Order the status of retired member without income* or retired member with income** effective April 1 of the current year.</p> <p>*A retired member without income is a member who is at least 55 years of age as at March 31 of the current year, who does not earn any income from any professional activities, and who has been a member of the Order for at least ten years.</p> <p>**A retired member with income is a member who is at least 55 years of age as at March 31 of the current year, whose annual income from employment, practice of the profession or operation of an enterprise is less than \$25,000, and who has been a member of the Order for at least ten years.</p> <p>Please select below the particulars that best describe your professional activities.</p> <table border="1" data-bbox="151 1037 1479 1480"> <tr> <td data-bbox="151 1037 1430 1077">a) no professional activities, with or without remuneration</td> <td data-bbox="1430 1037 1479 1077"><input type="radio"/></td> </tr> <tr> <td data-bbox="151 1077 1430 1142">b) revenues less than \$10,000 derived from employment in or operation of an enterprise, within the meaning of the Civil Code of Québec</td> <td data-bbox="1430 1077 1479 1142"><input type="radio"/></td> </tr> <tr> <td data-bbox="151 1142 1430 1274">c) with or without remuneration, I offer to third parties professional servicesⁱ included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act, the approximate value of which is less than \$10,000, excluding any activities in the capacity of a director or a member of the audit committee of a corporation</td> <td data-bbox="1430 1142 1479 1274"><input type="radio"/></td> </tr> <tr> <td data-bbox="151 1274 1430 1352">d) revenues from \$10,000 to \$24,999 derived from employment in or operation of an enterprise, within the meaning of the Civil Code of Québec</td> <td data-bbox="1430 1274 1479 1352"><input type="radio"/></td> </tr> <tr> <td data-bbox="151 1352 1430 1480">e) with or without remuneration, I offer to third parties professional servicesⁱ included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act, the approximate annual value of which is \$10,000 to \$24,999, excluding any activities in the capacity of a director or a member of the audit committee of a corporation</td> <td data-bbox="1430 1352 1479 1480"><input type="radio"/></td> </tr> </table>	a) no professional activities, with or without remuneration	<input type="radio"/>	b) revenues less than \$10,000 derived from employment in or operation of an enterprise, within the meaning of the Civil Code of Québec	<input type="radio"/>	c) with or without remuneration, I offer to third parties professional services ⁱ included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act, the approximate value of which is less than \$10,000, excluding any activities in the capacity of a director or a member of the audit committee of a corporation	<input type="radio"/>	d) revenues from \$10,000 to \$24,999 derived from employment in or operation of an enterprise, within the meaning of the Civil Code of Québec	<input type="radio"/>	e) with or without remuneration, I offer to third parties professional services ⁱ included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act, the approximate annual value of which is \$10,000 to \$24,999, excluding any activities in the capacity of a director or a member of the audit committee of a corporation	<input type="radio"/>	
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9. I am a retired life member as recognized by the Order and I certify that I have no professional activities, with or without remuneration , related to employment, the practice of the profession, or the operation of an enterprise within the meaning of the Civil Code of Québec.	<input type="radio"/>										
10. I am a member of the Order and I am an employee of a firm that provides to third parties professional services ⁱ included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act, and I have not been delegated with any signing authority for reports or other documents referred to in Section 4 of the Chartered Professional Accountants Act.	<input type="radio"/>										
11. I am a member of the Order, and may or may not belong to category 2, 3, 4, 5 or 8 above, and, with or without remuneration , I, on my own account OR within a firm or other entity as a partner, an employee with signing authority, a shareholder, a consultant, or on contractual basis, offer to third parties professional services included in the practice of the profession of CPA as defined by Section 4 of the Chartered Professional Accountants Act, the approximate annual value of which is \$10,000 or more, excluding any activities in the capacity of a director or a member of the audit committee of a corporation.	<input type="radio"/>										
12. I am a member of the Order and I practise my profession in circumstances other than those described in any of the preceding categories.	<input type="radio"/>										

Please note that if your situation changes during the course of the year, you must immediately notify the group plan administrator, ACPAI Insurance. In addition, if your self-assessment does not correspond to your situation for the applicable coverage period, the Insurers reserve their right to adjust the premium retroactively, with interest, on the basis of the category that, in fact, applies to your situation.

Section C - DETAILS OF YOUR PROFESSIONAL LIABILITY INSURANCE PREMIUM

Category that corresponds to your situation:	8e, 11 & 12	10	3 to 7	8a to 8d	1 & 9
Premium:	\$1,750.00	\$500.00	\$60.00	\$30.00	\$0
9% Tax on insurance premium*:	\$157.50	\$45.00	\$5.40	\$2.70	\$0
Total due:	\$1,907.50	\$545.00	\$65.40	\$32.70	\$0

* Even if you reside outside of Québec, the 9% tax on insurance premium is applicable due to the fact that the policyholder is the *Ordre des comptables professionnels agréés du Québec* and its office is located in Québec.

Your cheque or money order dated March 15, 2017 must be made payable to ACPAI Insurance and be received no later than **March 15, 2017** at the following address:
ACPAI Insurance
7100 Jean-Talon East, Suite 210, Montreal, QC H1M 3S3

Your application form can be mailed to the address above or e-mailed to regimecollectif@acpai.ca or completed directly on-line at www.acpai.ca. Please notify ACPAI Insurance in writing of any changes in your status or contact information taking effect after April 1, 2017.

Payment may also be made by VISA or MasterCard on-line when you submit your self-assessment form at www.acpai.ca or by phone at 1 800 267-4734 or 514 593.2354. After the March 15 deadline, the only mode of payment acceptable is by credit card.

Section D - SUPPLEMENTAL INFORMATION

Directors and Officers Liability Extension

If you belong to category 8e, 11 or 12, an extension of coverage may be available to include liability where you act as a Director or Officer of a non-profit association or corporation without share capital, constituted for some types of charitable, sporting, professional social and like objectives. If you wish to apply for this limited coverage, please indicate:

<u>Organization's Name</u>	<u>Organization's Objective</u>

Other Countries (applicable to category 2, 6, 8e, 11, or 12)

Do you render services outside of Canada? Yes No
 If yes, please indicate country and amount of gross revenues

Please note that the information requested regarding services performed outside of Canada is being sought for statistical purposes only. Whether coverage is available for those professional activities is governed by the policy wording.

Addendum

Please provide any additional information pertaining to your professional status.

Section E - OTHER DECLARATIONS CONCERNING PROFESSIONAL LIABILITY INSURANCE

Claims Information

At the date of this application does the applicant have any knowledge of any prior incident, act, error or omission, or of any claim made or pending which could be a basis for claim under the group insurance plan?

	✓	
Yes	<input type="radio"/>	a. New incident: You must provide details in writing to ACPAI Insurance.
	<input type="radio"/>	b. Previously reported. You must keep your insurer up to date with any developments of which you may be aware.
No	<input type="radio"/>	

Disclosure of Information

In accordance with the Regulation under which the primary insurance for the group plan has been negotiated, ACPAI Insurance will be providing the Order with any necessary information requested by the Order to administer the group insurance plan.

Declaration and Signature

For all members:

I hereby declare that the above statements and particulars are true and that I have not suppressed or mis-stated any material facts.

For members belonging to Categories 2 to 12:

I agree that this Application shall be the basis of the contract with the Insurers. I understand that any false representation or incomplete statement could have adverse consequences.

Please note that the group plan does not provide any coverage for claims arising out of professional services¹ rendered to, for, or on behalf of a CPA Firm or another entity that has requested and been granted by the Order an exemption from the group insurance plan.

Completion of this application form does not bind the Insurers to provide this insurance until full payment is received. The information in this application forms an integral part of your certificate.

Name of Signatory _____ Signature _____

Date MM/DD/YYYY Place _____

For a list of what is and what is not covered under the group insurance plan, please consult the policy wording at www.acpai.ca.

This self assessment form duly completed is also your invoice for the amount of premium payable, if any. Therefore, you will not receive any other invoice.

Excess Limits and Additional Coverages

If you offer to third parties professional services¹ included in the practice of the profession of CPA and you provide your services through a corporation or a limited liability partnership, you must also purchase an excess policy in order to satisfy the Regulation respecting the practice of the chartered professional accountancy profession within a partnership or a joint-stock company. If you had an excess policy through ACPAI Insurance for the year 2016-2017, your renewal notice will be mailed to you separately, if not already done.

¹ Please note that preparation of personal tax returns, bookkeeping, and trusteeship in bankruptcy are included in the definition of the practice of the CPA profession.