

**PROFESSIONAL LIABILITY INSURANCE  
APPLICATION FORM B  
EXCESS LIMITS and ADDITIONAL COVERAGES  
For Members of l'Ordre des comptables professionnels agréés du Québec**

This is a claims made policy. The policy applies only to claims first made against the insured during the policy period and reported to the company in writing during the policy period or the extended reporting period. If a policy is issued, this application will become part of the policy; therefore, it is important that all questions be answered accurately.

**INSTRUCTIONS**

Please read carefully all statements and questions on this application.  
Complete only one Form B per firm.  
Answer all questions; if the question does not pertain to your situation, state "n/a".  
Round to the nearest integer all numeric answers.  
If space is insufficient to answer questions fully, use Section T or submit separate sheets as Addenda.

**A. Applicant** (List all **operating firms including Professional Corporations and Incorporated Companies** requiring coverage and submit a copy of your letterhead)

<u>Name of Firm</u>	<u>Nature of Business</u>	<u>Date Established</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Preferred Method of Communication: Email  Fax  Mail

Branch Office Locations \_\_\_\_\_

Does the Branch Office operate under a different name? \_\_\_\_ If yes, please list the operating name(s) under Section A.

Does/did the Applicant Firm participate in any Canadian association / nominal partnership of public accounting practitioners for which professional liability insurance is required? Yes  No  If yes, please specify:

<u>Name of Association</u>	<u>Nature of Business</u>	<u>Date Established / Ceased Practice</u>
_____	_____	_____
_____	_____	_____

<u>Name of Other Participants</u>	<u>Qualification</u>	<u>CPA Member Number</u>	<u>Date Qualified</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**B. Please list all Proprietors, Shareholders, Partners, Officers**

<u>Name</u>	<u>Qualification</u>	<u>CPA Member Number</u>	<u>Date Qualified</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please list all contractual or per diem staff members with CPA designation**

<u>Name</u>	<u>Hours per Year</u>	<u>CPA Member Number</u>	<u>Date Qualified</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Staff</u>	<u>Full-time</u>	<u>Part-time</u>
Total number of Proprietors, Shareholders, Partners and Officers	_____	_____
Number of other CPA employees	_____	_____
Number of other non-CPA staff	_____	_____
Number of CPA students	_____	_____
Number of contractual or per diem CPAs	_____	_____
Number of other non-CPA contractual or per diem staff	_____	_____
<b>Totals</b>	_____	_____

(Other staff includes accountants, typists, clerks, etc. **engaged in client work** but excludes telephone operators, janitors, caterers, chauffeurs, internal accounting and administration personnel.)

**C. Former Firms (List all former names, firms, practices purchased etc. where you are responsible for the professional liability and require coverage)**

<u>Name</u>	<u>Date Established</u>	<u>Date Ceased Practice</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. Annual Gross Revenues**

**Last Fiscal Year**

- |                                  |          |
|----------------------------------|----------|
| 1. Total all firms in Section A  | \$ _____ |
| 2. Largest client/group          | \$ _____ |
| 3. Second largest client/group   | \$ _____ |
| 4. Approximate number of clients | _____    |
| 5. Percentage of 2 to 1 above    | _____ %  |
- If over 60% state client name and services rendered

**E. Nature of Work**

**Percentage of gross billings**

- |  |         |
|--|---------|
| 1. Audit engagements for publicly held companies. Please list company names. | _____ % |
| 2. Audit engagements for credit unions. Please list names of credit unions.  | _____ % |
| 3. Audit engagements for all others  | _____ % |
| 4. Review engagements  | _____ % |
| 5. Non-review preparation of financial statements                            | _____ % |
| 6. Tax return preparation  | _____ % |

7. Tax and estate planning \_\_\_\_\_ %
8. Management consulting. Describe general nature \_\_\_\_\_ %  
 \_\_\_\_\_
9. Receivership and Trustee in bankruptcy services \_\_\_\_\_ %
10. Valuation and business brokerage \_\_\_\_\_ %
11. Within the past five years, has the Applicant Firm or any partner, shareholder, principal or employee received, disbursed, managed, controlled or invested client funds in any capacity? Yes  No  If yes, please describe below: \_\_\_\_\_ %
- | <u>Client</u> | <u>Capacity</u> | <u>Amount of funds</u> |
|---------------|-----------------|------------------------|
| _____         | _____           | _____                  |
12. Is the Applicant Firm bonded for handling client funds? Yes  No   
 If yes, please specify the amount of the bond, the expiration date and carrier. \_\_\_\_\_ %
13. Does the Applicant Firm have sole cheque signing authority on behalf of clients? \_\_\_\_\_ %  
 Yes  (not covered) No
14. Does the Applicant Firm hold the title of Controller for any clients? \_\_\_\_\_ %  
 Yes  (not covered) No
15. Acted as Trustee (other than Trustee in Bankruptcy)? Yes  No   
 If yes, please specify nature of trust and amount of assets held /disbursed. \_\_\_\_\_ %
16. Executor; Power of Attorney services \_\_\_\_\_ %
17. Personal financial planning \_\_\_\_\_ %
18. PrimePlus formerly Eldercare services (please complete the PrimePlus Supplement if an amount is recorded) \_\_\_\_\_ %
19. Webtrust services \_\_\_\_\_ %
20. Systrust services \_\_\_\_\_ %
21. Investigative and forensic accounting services \_\_\_\_\_ %
22. Investment consulting \_\_\_\_\_ %
23. Other services; specify: \_\_\_\_\_ %  
 \_\_\_\_\_  
 \_\_\_\_\_

Total \_\_\_\_\_ 100 %

**F.** On all engagements where the firm audits, reviews, compiles financial statements, provides management consulting, personal financial planning or projections-forecasts, does the Applicant Firm require an engagement letter annually? Yes  No  If no, please explain the firm's policy for up-dating engagement letters. Please list the services you render without the utilization of an engagement letter.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G.** Other Countries YES/NO % of gross billings

Does the Applicant Firm render services outside of Canada? \_\_\_\_\_ %

Does the Applicant Firm render services within Canada for or on behalf of corporations or individuals in the U.S.A. or in other countries outside of Canada? \_\_\_\_\_ %

If yes to either question, please indicate the percentage of gross billings and provide the nature of services rendered.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**H.** Computer Services  
 Please advise if you have a separate company set up for custom computer programming. Yes  No   
 If yes, give details. (If separate firm, the name, billings, etc. must be included in the relevant sections of this application if coverage for this activity is required).

PLEASE NOTE THERE IS NO COVERAGE FOR THE SALE, INSTALLATION OR MAINTENANCE OF HARDWARE EQUIPMENT, THE PROGRAMMING OF PACKAGED ACCOUNTING SOFTWARE, NOR THE PROGRAMMING OF CUSTOM ACCOUNTING SYSTEMS, OR THE DEVELOPMENT AND/OR MAINTENANCE OF CLIENT WEBSITES.



**N. Excess Directors and Officers Liability Extension**

If you subscribe to the Directors and Officers Liability Extension under the Quebec CPA Group Plan, an extension of coverage is available to include liability where a partner or CPA employee acts 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 required, please indicate:

<u>Name of CPA Partner / Employee</u>	<u>Organization</u>	<u>Organization's Objective</u>
_____	_____	_____
_____	_____	_____

**O. Claims and Disciplinary Action**

It is imperative to answer the following questions correctly. Failure to do so could prejudice your rights under the policy in the event of a claim. Matters listed by each Quebec CPA member on their application for the primary insurance under the Quebec Group Professional Liability Insurance Plan need not be repeated as each of those application forms will be deemed to form part hereof.

The following questions should only be answered AFTER ENQUIRY of the firm's partners and management personnel. Any affirmative response to the following questions should be fully explained under Section T.

Claims must be listed, even those previously reported.

1. Has any professional liability insurance been declined, cancelled or renewal refused for the Applicant Firm, any of its principals, shareholders, partners, officers, or predecessor firms?
2. Is the applicant or any principal, partner or officer aware of any claim made or pending against the applicant, any of the principals, shareholders, partners, officers, employees or any predecessor firm?
3. Is the Applicant Firm, or any of the principals, shareholders, partners, officers, employees, or any predecessor firms, aware of any claim payout that has been made within the past five years?
4. Does the applicant or any of the present principals, shareholders, partners or officers have any knowledge of any prior incident, act, error or omission, which could be a basis for claim under the insurance applied for?
5. Within the past five years, has the Applicant Firm or any of the present or former partners, officers, principals, shareholders or employees:
  - a) Had his or her accounting license or authority to practice accounting revoked or suspended?
  - b) Been subject to disciplinary action by any Ordre / Provincial Institute?
  - c) Been subjected to any fine, reprimand, criminal penalty or civil liability related to the performance of professional services?

YES	NO	Previously Reported	
		YES	NO

The policy does not cover any claim or situation stated in O(2) and/or O(3) or any claim or act, mistake, omission or circumstance which could give rise to a claim, of which the insured has knowledge prior to the inception of the policy.

**P. Previous Insurer**

For the excess insurance level, were you previously insured through ACPAI Insurance? Yes  No

If no, please advise: Previous Insurer: \_\_\_\_\_

Expiry date of last insurance policy: \_\_\_\_\_ Limit per claim: \_\_\_\_\_

**Q. In case of a new policy, effective date required: \_\_\_\_\_**

**R. Underlying Insurance**

Is there any underlying insurance, other than the Quebec CPA Group Plan, which provides professional liability insurance coverage for any of the Applicant Firm's proprietors, shareholders, officers, and partners? Yes  No

If yes, please provide details of the underlying insurance: \_\_\_\_\_

**S. Excess Limits**

Indicate below excess limits, per claim and in the aggregate as well as deductible for which quotation(s) are requested.

Please note that the limits you select are excess the amount available to you under the primary policy offered to Quebec CPAs under the Group Professional Liability Insurance Plan for CLAIMS covered by the Certificates issued to Quebec CPAs in your firm. Depending on how many Certificates are triggered by a CLAIM, that underlying limit may be \$1,000,000 or \$2,000,000.

In addition, the limit you select will be available as a primary limit for CLAIMS covered by this Policy which are not covered by the primary policy offered to Quebec CPAs under the Group Professional Liability Insurance Plan.

The amount selected as a limit also represents the annual aggregate limit that will be available for all CLAIMS.

Same amount as prescribed by the expiring policy:  and/or the following:

<p><b>Excess Limit</b></p> <p>\$ 500,000. <input type="checkbox"/></p> <p>\$ 1,000,000. <input type="checkbox"/></p> <p>\$ 1,500,000. <input type="checkbox"/></p> <p>\$ 2,000,000. <input type="checkbox"/></p> <p>\$ 3,000,000. <input type="checkbox"/></p> <p>\$ 4,000,000. <input type="checkbox"/></p> <p>Other (specify): <input type="checkbox"/> _____</p>	<p><b>Excess Limit</b></p> <p>\$ 5,000,000. <input type="checkbox"/></p> <p>\$ 6,000,000. <input type="checkbox"/></p> <p>\$ 7,000,000. <input type="checkbox"/></p> <p>\$ 8,000,000. <input type="checkbox"/></p> <p>\$ 9,000,000. <input type="checkbox"/></p>	<p><b>Deductible</b></p> <p>0 <input type="checkbox"/></p> <p>\$ 1,000. <input type="checkbox"/></p> <p>\$ 2,500. <input type="checkbox"/></p> <p>\$ 5,000. <input type="checkbox"/></p> <p>\$ 10,000. <input type="checkbox"/></p> <p>\$ 15,000. <input type="checkbox"/></p> <p>Other (specify): _____ <input type="checkbox"/></p>
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**T. Addendum**

Please give Section # and additional details where space was insufficient. Alternatively, attach an addendum on your letterhead.

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**U. Declaration, Consent and Signature**

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this Application shall be the basis of the contracts with the Underwriters.

By signing the application form, you represent and warrant that you are the authorized representative of all proprietors, shareholders, officers, partners and employees of all firms described in your application and that you have obtained and provide the consent of such individuals to the collection, use and disclosure of all personal information. ACPAI's complete Privacy Policy is available at [www.acpai.ca](http://www.acpai.ca).

**Consent to Disclose Policy Information on your Firm's Behalf to the *Ordre des cpa du Québec (the "Order")*.**

- I, the undersigned, hereby authorize ACPAI Insurance to send a copy of my firm's professional liability insurance policy and/or disclose policy coverage information on behalf of my firm to the Order.
- I **do not** authorize ACPAI Insurance to send a copy of my firm's professional liability insurance policy or to disclose any information on my policy coverage to the Order. Therefore, I hereby undertake sending the required proof of insurance to the Order.

Name of Signatory \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Signature \_\_\_\_\_

**Completion of this Application does not bind the Company to provide, nor does it obligate the Applicant to purchase, this insurance. Payment of the premium after quotation is necessary to bind the coverage at the limit quoted for that premium.**

Please return completed application

<p><b>By mail:</b>                  ACPAI Insurance                  277 Wellington Street West                  Toronto, Ontario M5V 3H2</p>	<p><b>By fax:</b>                  416-204-3418</p>	<p><b>By email:</b>                  services@acpai.ca</p>
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For further enquiries, telephone 416-204-3398 or 1-800-267-4734 or visit [www.acpai.ca](http://www.acpai.ca).

**CPA Professional Liability Insurance Application**

**Applicant Name:** \_\_\_\_\_

**PRIMEPLUS SERVICES SUPPLEMENT as referenced in Question E #18.**

1. List the professionals who perform PrimePlus services for clients.

Name	Profession & Licenses	Employee/or Independent Contractor	Type of Services Rendered

2. What experience do the professionals listed above have in rendering PrimePlus services? Attach a detailed description, resume or curriculum vitae.

3. Please provide a **detailed** description of your PrimePlus consulting and attest services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please complete the following table:

	Last Fiscal Year	Estimate For Current Year
Revenues from PrimePlus services	\$	\$
Total number of PrimePlus clients		
Total number of PrimePlus clients receiving <b>attest services</b>		

5. Have any personnel of the firm or firm affiliates served as a conservator or guardian for a client or legally assumed responsibility for the physical well being of any client?.....  Yes  No

Are additional sheets attached? ..... Yes  No