

Professional Liability Insurance Declaration

Instructions:

This form must be completed and filed by all new firms with their application for approval as a Registered Firm, as described in the Professional Liability Insurance Policy on our [website](#). Please complete ALL blank sections.

When a firm consists of more than one Chartered Professional Accountant, the form needs to be completed and filed only by the member responsible for ensuring insurance coverage is in place. Also, firms with multiple locations should submit only one completed form for all locations.

It is not necessary for you to arrange for the insurer to confirm insurance coverage on an independent basis, but we reserve the right to request a copy of the policy.

Registered Firm Name:

Firm Contact/Member:

Please state how many designated CPAs are in the firm: _____

POLICY DETAILS:

Name of Insurer:

Named Insured(s):

(Please include all names listed on the policy Declaration page, exactly as listed, including all previous firm names covered by this policy in the past six years; If space is insufficient, please attach a separate page or a copy of the policy Declaration page.)

Policy Number: _____ Expiry Date: _____

Policy Amount Per Claim: _____ Aggregate: _____

1. Please confirm that your policy includes the following. These items must be included in your policy and you are responsible for ensuring this is the case prior to submitting this form:
 - a. Legal/defence costs in addition to the minimum policy limits _____
 - b. Coverage for prior acts _____
 - c. Discovery insurance available for a 6-year period ceasing practice _____
 - d. Endorsement requiring the insurer to advise CPA Nova Scotia of _____
changes/cancellations to policies

2. If you hire CPANS designated members to provide per diem services on a contract basis, are those members and their services covered under the firm's policy?
 - ___ Yes
 - ___ N/A
 - ___ No (no contract members currently employed)
 - ___ No (please provide listing of member not covered):

DECLARATION

(Note: Must be signed by a Member)

I hereby declare that, to the best of my knowledge, the information provided in this Declaration is correct and current. Please provide details of any differences in the information noted above.

Name: _____ **Signature:** _____
(Please print) *(Signature required)*

DATED this ____ day of _____, 20__.

Please attach the completed form to your Firm Registration Application.