

PLEASE COMPLETE THIS APPLICATION IN FULL. THIS FORM IS THE BASIS UPON WHICH INSURANCE IS PROVIDED. IN THE EVENT OF A NON-DISCLOSURE OR MISREPRESENTATION, THE POLICY MAY BE VOIDED AT THE OPTION OF THE INSURER. USE A SEPARATE APPLICATION FOR EACH LOCATION.

Are you, the applying firm/entity, registered with your provincial CGA Association for public practice? (if no, you are not eligible for Professional Liability, Corporate Identity Theft or Directors and Officers Liability coverage)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Firm #: (if applicable)	
Indicate if you are applying for the first time or if this is a renewal?	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		

GENERAL INFORMATION

Name of Registered Firm:
(as registered with your provincial affiliate CGA office)

LLP ☐
Sole Proprietor ☐
Partnership ☐
Corporation ☐

Additional Legal Names:

Contact Name:

Phone

Fax

E-mail:

Mailing Address:

City

Province

Postal Code

SECTION I - PROFESSIONAL LIABILITY & CORPORATE IDENTITY PROTECTION INSURANCE

	Basic Limit	Deductible	Full-time Practitioner	Part-Time Practitioner
Choose one Option: <input type="checkbox"/> \$1,000,000 (applicable to everyone)	\$1,000,000	\$1,000 including Defense Costs	Annual Premium: \$955.50	Annual Premium: \$495.50
<input type="checkbox"/> \$2,000,000	\$2,000,000	\$1,000 including Defense Costs	Annual Premium: \$1134.50	Annual Premium: \$585.50

Full-Time Professional Accountants

Name and designation of **full-time** professional accountants (i.e. annual billings greater than \$15,000)

Name	CGA	CA	CMA	FCGA	Partner	Membership #	Year of Certification	Year Practice Started
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Number of **full-time** professional accountants x Applicable Premium = (a)

Part-Time Professional Accountants

Name and designation of **part-time** professional accountants (i.e. annual billings less than or equal to \$15,000)

Name	CGA	CA	CMA	FCGA	Membership #	Year of Certification	Year Practice Started
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Number of **part-time** professional accountants x Applicable Premium = (b)

Total Professional Liability Insurance Premium (a+b) (c)

Please provide the following information with respect to the use of independent contractors per annual term

Number of employed contractors per annual term Full Time Part-Time

Please indicate the range of revenue generated by you, your firm or your partnership. (Please note, this information is being collected for underwriting purposes)

- ☐ less than 15,000 ☐ 15,001 to 100,000 ☐ 100,001 to 250,000 ☐ 250,001 to 500,000 ☐ 500,001 to 750,000 ☐ 750,000 to 1,000,000
- ☐ 1,000,001 to 1,500,000 ☐ 1,500,001 to 2,000,000 ☐ 2,000,001 to 2,500,000 ☐ 2,500,001 to 3,000,000 ☐ 3,000,001 to 3,500,000
- ☐ 3,500,001 to 4,000,000 ☐ 4,000,001 to 4,500,000 ☐ 4,500,001 to 5,000,000 ☐ Over 5,000,000

NOTE: This is a claims made and reported policy. Any known claim or potential claim or incident must be reported to your current Insurer prior to the expiration date of this policy.

NOTE: Any change to the information presented in the application from the date it was signed until the inception date of the policy must be reported to:

Aon Reed Stenhouse
20 Bay Street, Toronto, ON, M5J 2N9
Attention: CGA Service Team

CLAIMS WARRANTY STATEMENT (MUST BE COMPLETED FOR FIRST TIME APPLICANTS)

Have any claims ever been made against you, your firm, your staff or their predecessors in business, individually or otherwise, in respect to liabilities to be covered by the proposed insurance? ☐ Yes ☐ No

If **Yes**, Please give full details, dates and amounts on a separate sheet.

Are any Partners/Principals/Staff, after enquiry, aware of any circumstance which is likely to give rise to a claim against the firm, or their predecessors in business, the staff or any of the present or former partners, other than those circumstances which have already been advised? ☐ Yes ☐ No

If **Yes**, Please give full details, dates and amounts on a separate sheet.

I/We declare that the statements and particulars in this application are true and that I/We have not misrepresented or suppressed any material fact. I/We agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this application form does not bind the Proposer or Insurer to complete this insurance.

Expiry Date of Your Current Policy: _____ (Please note that coverage cannot be back-dated)

FOR OR ON BEHALF OF (Name of Firm) _____

Signature of Partner or Principal _____

Date Signed _____

SECTION II - OFFICE PACKAGE (OPTIONAL)

DO YOU REQUIRE OFFICE PACKAGE COVERAGE? ☐ Yes ☐ No

(If 'YES' PLEASE COPY AND COMPLETE FOR EACH LOCATION)

Location of Insured Property For Office Package

(Office Package for CGA accounting Firm only):

City: _____ Province: _____ Postal Code: _____

Please state Business Income of Location: \$ _____

BASIC COVERAGES AND LIMITS

Coverage	Limit	Coverage	Limit
Office Contents – (Including Leasehold Improvements, EDP Equipment and Laptops)	\$50,000	Accounts Receivable	\$250,000
Business Contents:		Business Income – 12 Month Indemnity (Including Extra Expense)	Actual Loss sustained
• In Transit in Canada and/or U.S./Temporarily Off Premises	\$500,000	Valuable Papers & Records	\$250,000
• Off Premises in Custody of Sales Representative	\$25,000	Valuable Papers & Records Off Premises / In Storage	\$50,000
• Newly Acquired Business Contents (Subject to 90 days reporting)	\$50,000	Employee Dishonesty (Form A)	\$25,000
Building and Business Contents at Newly Acquired Locations (90 days Reporting)	\$1,000,000	Money and Securities (On/Off Premises)	\$10,000
Personal Effects of Employees	\$5,000 per employee \$50,000 maximum	Commercial General Liability, Bodily Injury and Property Damage, including but not limited to:	\$2,000,000
Removal of Debris	25% of Loss Paid plus additional \$25,000	• General Aggregate	\$10,000,000
Telephone Fraud Endorsement	\$25,000 per claim and in aggregate	• Non-Owned Automobile	\$2,000,000
Exterior Building Glass	Included	• SEF#94 – Damage To Hired Automobiles	\$50,000
Outdoor Signs	Included	• Tenant's Legal Liability	\$2,000,000
Boiler & Machinery – Equipment Breakdown Coverage	Included	• Medical Expenses, Per Person/Accident	\$10,000

Deductibles: 5% Earthquake, except 10% Earthquake shall apply to Richmond and Delta, B.C.; \$2,500 Sewer Backup and Flood; \$50 Blanket Glass; \$500 All Other Losses

Basic Coverage, Annual Premium Per Location

\$360 (d)

ADDITIONAL COVERAGES AND INCREASED LIMITS

Coverage	Limit	Rate to Increase Over Basic Limit				Additional Premium
Office Contents – (Including Leasehold Improvements, EDP Equipment and Laptops)	\$	@	\$ 1.35	per	\$1,000	\$
Commercial General Liability (up to \$3,000,000 Additional)	\$	@	\$ 75.00	per	\$1,000,000	\$
Accounts Receivable	\$	@	\$ 0.30	per	\$1,000	\$
Valuable Papers and Records	\$	@	\$ 0.50	per	\$1,000	\$
Valuable Papers & Records Off Premises / In Storage	\$	@	\$ 0.50	per	\$1,000	\$
Money and Securities - (On/Off Premises)	\$	@	\$ 25.00	per	\$1,000	\$
Building Coverage (up to \$2,000,000 Max.) ⁽¹⁾	\$	@	\$ 1.35	per	\$1,000	\$
Business Income (In excess of \$1,000,000)	\$	@	\$ 0.50	per	\$1,000	\$

(1) For the purpose of calculating the Total Value of the property for value reporting and for loss adjustment, the following valuation basis applies: the cost of repairing, replacing or reinstating (whichever is the least) with new materials of like kind and quality on the same site without deduction or depreciation.

Additional Coverage, Annual Premium Per Location

\$	(e)
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ADDITIONAL INTERESTS

☐ Loss Payee (e.g. Mortgagee) ☐ Additional Insured

Additional Interest Name: _____
 With Respect to: _____
 Mailing Address: _____
 City _____ Province _____ Postal Code _____

PLEASE STATE THE CONSTRUCTION TYPE OF YOUR BUILDING:

- ☐ Frame – Buildings with walls, floors and roof of a wood or combustible construction - this includes rough cast and metal clad
- ☐ Masonry – Buildings with walls of masonry or fire resistive materials with combustible floors and roof
- ☐ Non-combustible – Buildings with walls, floors and roof of non-combustible materials supported by non-combustible supports
- ☐ Masonry Non-combustible – Buildings with walls of masonry or fire restive materials and floors and roof are of non-combustible materials with non-combustible supports
- ☐ Fire Resistive - Buildings with exterior walls, floors and roof made of masonry or other non-combustible material with a fire-resistive rating of at least two hours and a roof with a fire-resistive rating of at least one hour

IF THERE IS ANOTHER OCCUPANT IN YOUR BUILDING, STATE THEIR BUSINESS OPERATION:

☐ Manufacturing ☐ Retail ☐ Restaurant ☐ Other ☐ No Other Occupant

SECTION III – DIRECTORS & OFFICERS LIABILITY (OPTIONAL)

DO YOU REQUIRE DIRECTORS & OFFICERS LIABILITY INSURANCE? ☐ Yes ☐ No

IF 'YES' PLEASE ANSWER THE QUESTIONS BELOW.

1. Number of full time employees (including contract workers) more than 10 total? ☐ Yes ☐ No
 - If 'Yes' please provide the number of employees.
2. Arrears with account payable? ☐ Yes ☐ No
3. Breach with existing debt covenants? ☐ Yes ☐ No
4. Percentage of revenue earned outside of Canada more than 20% of total? ☐ Yes ☐ No
 - If 'Yes' please provide the percentage of revenue earned outside of Canada.
5. Has any claim been made against any person(s) proposed for this insurance (including loss payment and defense costs)?
☐ Yes ☐ No
6. Is the applicant cognizant of any fact, circumstance or situation which they expect could give rise to a Claim? ☐ Yes ☐ No
7. Is your firm's revenue over \$5,000,000? ☐ Yes ☐ No
 - If 'Yes' please provide the revenue.

Revenue	Limit	Premium	Select Limit
0 – \$250,000	\$500,000	\$580	<input type="checkbox"/>
	\$1,000,000	\$680	<input type="checkbox"/>
	\$2,000,000	\$850	<input type="checkbox"/>
\$250,000 - \$500,000	\$500,000	\$745	<input type="checkbox"/>
	\$1,000,000	\$875	<input type="checkbox"/>
	\$2,000,000	\$1,095	<input type="checkbox"/>
\$500,000 - \$1,000,000	\$500,000	\$975	<input type="checkbox"/>
	\$1,000,000	\$1,170	<input type="checkbox"/>
	\$2,000,000	\$1,460	<input type="checkbox"/>
\$1,000,000 - \$2,000,000	\$500,000	\$1,405	<input type="checkbox"/>
	\$1,000,000	\$1,655	<input type="checkbox"/>
	\$2,000,000	\$2,070	<input type="checkbox"/>
\$2,000,000 - \$5,000,000	\$500,000	\$1,945	<input type="checkbox"/>
	\$1,000,000	\$2,290	<input type="checkbox"/>
	\$2,000,000	\$2,860	<input type="checkbox"/>

*Deductible per Loss (including Defense Costs) as follows:

- \$1,000 for Indemnifiable Loss, Corporate Loss, and Fiduciary Wrongdoing
- \$5,000 for Employment Practices Liability (10 or under employees)
- \$10,000 for Employment Practices Liability (greater than 10 employees)

SECTION IV - PREMIUM SUMMARY

NOTE: All Policies are written to expire on August 1st of each year. For new applicants **ONLY**, where the term is less than one year, please contact Aon Reed Stenhouse at CGA@aon.ca or at 1-866-710-5887

Section I:	Professional Liability & Corporate Identity Protection Insurance Premium	\$ _____ (c)
	Aon's Mandatory Fee (Fully Earned & Retained)	\$ _____
	(Online Application per Certificate - \$95; Manual Application per certificate - \$170)	
	Sub-Total: Professional Liability & Corporate Identity Protection Insurance Premium and Fee	\$ _____
Section II:	Office Package Basic Coverage Premium	\$ _____ (d)
	Aon's Mandatory Fee (Fully Earned & Retained)	\$ _____
	(Online Application per Certificate - \$95; Manual Application per certificate - \$170)	
	Office Package Additional Coverage Premium	\$ _____ (e)
	Sub-Total: Office Package Premium and Fee	\$ _____
Section III:	Directors & Officers Liability Insurance Premium	\$ _____ (f)
		\$ _____
	Add Sub-Totals of Section I , Section II and Section III	\$ _____
	Provincial Sales Tax for these provinces only:	
	Ontario residents add 8%	
	Quebec residents add 9%	
	Manitoba residents add 7%	\$ _____
	TOTAL POLICY PREMIUM	\$ _____

SECTION V – PERSONAL PRIVACY CONSENT FORM

TO: Aon Reed Stenhouse Inc. (herein called “Aon”)

The Applicant consents to Aon’s collection, use and disclosure of any personal information required for the following purposes:

- ❖ To determine eligibility and/or process applications for insurance products requested;
- ❖ To provide requested information, products or risk management services;
- ❖ To understand & assess my ongoing needs & offer products/services to meet those needs;
- ❖ For billing and accounting services relating to Aon’s products and services;
- ❖ For communication with me, and to provide service and administration on my behalf;
- ❖ For claims administration and data analysis;
- ❖ For internal, external and regulatory audit purposes;
- ❖ To comply with legal and regulatory requirements;
- ❖ To verify the personal information provided.

Accordingly, and only for the above purposes, I the Applicant:

- ❖ Authorize Aon to obtain and/or disclose personal information about me and any other additional insured individuals from/to third parties such as insurance companies, other brokers, adjusters, credit reporting agencies, motor vehicle/driver licensing authorities, financial institutions, medical professionals and others as may be required from time to time for the above purposes.
- ❖ Agree that all personal information I provide to Aon will be complete, accurate and up-to-date.
- ❖ Confirm and warrant that I shall obtain the prior consent from each individual whose personal information I provide to Aon and/or may obtain from Aon, for the collection, use and disclosure of their personal information for the purposes set out above, and that Aon is justified in relying upon this confirmation from me.
- ❖ Acknowledge that I may withdraw a previously given consent for one or more purposes at any time, subject to legal and contractual obligations, by contacting Aon’s Privacy Officer in writing, although I understand that such withdrawal may result in Aon’s inability to provide the services requested.
- ❖ Acknowledge that Aon is committed to protecting my personal information and to complying with applicable laws and principles regarding the privacy and confidentiality of personal information, as set out in Aon’s Privacy Policy.
- ❖ Acknowledge that in the course of obtaining services from Aon, I may be asked to sign other documents with consent clauses authorizing the collection, use and/or disclosure of personal information, but which do not list all the purposes as outlined in this Consent. If I sign such documents, I agree that the purposes for which Aon may collect, use or disclose personal information are not limited or abrogated; and that this Consent shall remain in full force and effect until such time as I may instruct Aon otherwise in writing.

Aon’s Privacy Policy is available at www.aon.ca or by contacting any Aon Office in Canada.
If you have any questions or concerns about our Privacy Policy, please contact Aon’s Privacy Officer

by mail: Privacy Officer, 20 Bay Street, 24th Floor, Toronto, ON M5J 2N9
by fax: 416-868-5887 Attn: Privacy Officer
by e-mail: Privacy.Officer@Aon.ca

SECTION VI – TERMS AND CONDITIONS

The Applicant hereby warrants and represents that the statements and answers to the questions made above and attachments hereto are true and the Applicant has not omitted or misrepresented any information.

COVERAGE IF OFFERED MAY BE RENDERED VOID IF THERE HAVE BEEN ANY MISREPRESENTATIONS.

The Applicant understands and agrees that the completion of this application does not bind the insurer to issuance of an insurance policy or to do so without imposing Conditions, Limitations or Exclusions. Applicant also understands and agrees that the cashing of a cheque, money order or similar instrument or withdrawal of payment via credit card is not proof of insurance, nor does it bind the insurer to issue an insurance policy.

This application and all attachments to it become part of and are the legally binding basis of any policy issued.

If applying as individual(s): In the case of co-insured individuals, unless you instruct us otherwise, both individuals acknowledge and agree that Aon may deal with either individual for the purpose of administering the services and/or products requested, and is not obliged to contact both individuals.

If also applying on behalf of a company: Applicant has authority to bind the company

Signature of Partner or Principal _____ Date Signed _____

Name (please print) _____

**Mail To: CGA Service Team
Aon Reed Stenhouse Inc.
20 Bay Street,
Toronto, ON M5J 2N9**

FIRST TIME APPLICANTS ONLY:

☐ Have you completed, signed and dated the Claims Warranty Statement at the bottom of Page 2?

ALL APPLICANTS:

- ☐ Have you verified and updated the pre-populated information (if any) in the application?
- ☐ Have you calculated premiums and taxes, under the Section III - Premium Summary Section?
- ☐ Have you accepted and signed the Privacy Agreement, under the Section IV?
- ☐ Have you accepted the Terms and Conditions by signing this application?
- ☐ Have you enclosed your duly completed and signed application and credit card authorization form, or cheque ^(*), in your correspondence to Aon Reed Stenhouse?

^(*) Should you choose to pay by cheque, your Certificate of Insurance will be mailed to you after your cheque is cleared by your bank.

Financing option is available for premiums in excess of \$1,000. Should you require this option, please contact us at CGA@aon.ca or at 1.866.710.5887.

Certified General Accountants is a trade-mark of Certificated General Accountants Association of Canada.

Payment Option Form

Name of Registered Firm:
(as registered with your provincial affiliate
CGA office)

Please note that if your payment (cheque or credit card) is returned or declined, we will require immediate payment IN FULL by certified cheque or money order.

Section I:	Professional Liability & Corporate Identity Protection Insurance (c)	\$	
If Professional Liability & Corporate Identity Protection Insurance is provided add Aon's Fee \$95 for Online Application or \$170 for Manual Application		\$	(Fully Earned & Retained)
Section II:	Office Package Basic Coverage (d)	\$	
If Office Package is provided add Aon's Fee \$95 for Online Application or \$170 for Manual Application		\$	(Fully Earned & Retained)
	Office Package Additional Coverage (e)	\$	
Section III:	Directors & Officers Liability Coverage (f)	\$	
Provincial Sales Tax	(Ontario residents add 8% , Quebec residents add 9% tax and Manitoba residents add 7% tax)	\$	
TOTAL POLICY PREMIUM		\$	

☐ **Credit Card**

☐ **VISA** Amount to be charged _____ Account No.

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☐ **Mastercard** Expiry date _____ Cardholder Name _____

I agree that in consideration of Aon Reed Stenhouse Inc. permitting me to finance my premium through VISA or Mastercard, Aon Reed Stenhouse Inc. may return any premium by crediting my VISA or Mastercard account.

Cardholder Signature _____
Date (dd-mmm-yy)

☐ **Cheque** Send cheque payable to Aon Reed Stenhouse Inc. in the amount of _____

As your certificate will not be issued until payment clears, please ensure we receive your void cheque at least two weeks prior to the effective date of your coverage.