



Application For Professional Liability Insurance Coverage

Please complete this application for professional liability insurance coverage if you are providing assurance services without reward for small charitable and not-for-profit organizations with gross annual revenue from all sources of \$100,000 or less.

Note: A member is not required to have a public accounting licence to provide accounting, taxation or compilation services accompanied by the prescribed Notice to Reader and such services are therefore excluded from coverage under this policy.

Member's Name: _____ ICAO No.

--	--	--	--	--	--

I confirm the following:

1.
 - a. The only assurance services (including audit or review engagements) that I perform are for one or more charitable or not-for-profit organizations for which I receive no reward or remuneration.
 - b. I am not currently insured for professional liability for the performance of assurance services for the charitable or not-for-profit organization(s).
 - c. Each of the charitable or not-for-profit organizations for which I provide assurance services without reward has gross annual revenue from all sources that is \$100,000 or less.
2. Information on the charitable or not-for-profit organization(s) for which I provide the assurance service(s)

Name(s) and Location(s)	Total gross annual revenue	Type(s) of assurance engagement(s) e.g. audit, review, other assurance (please specify nature of "other")

Declaration:

I certify that the information I have provided above is correct and complete. Any omission, misstatement, or misleading or false statement in this application will result in my application for insurance being declined or, if insurance has been provided, in its being cancelled without notice to me. I will notify the Institute immediately should any of the information provided in this application change, and my failure to do so will result in insurance being declined or cancelled without notice to me. It is an offence to provide the Institute false or misleading information.

X _____
 Signature (for professional liability insurance) Date (MM/DD/YYYY)