

# Admission by affiliation | Professional liability insurance declaration

First name

Last name

\_\_\_\_\_

For subscription purposes and to determine their insurance premium amounts, all members of the Order must answer, in this declaration, certain questions about their professional activities and the **value of the professional services they provide to third parties**.

In accordance with the *Règlement sur l'assurance de la responsabilité professionnelle des comptables professionnels agréés*, all members of the Quebec CPA Order are required to enrol in the Fonds d'assurance de la responsabilité professionnelle des CPA du Québec.

The insurance fund offers just one product, so all insured members have identical coverage. It covers errors and omissions committed by insured CPAs while performing the professional services included in the practice of the CPA profession which they are authorized to provide as members of the Quebec CPA Order, i.e. for which they are not required to be CPA members in another province, country or professional order, for claims filed anywhere in Canada.

## IMPORTANT

If you have a permit from the Quebec CPA Order AND a CPA permit in another Canadian province, offer professional services outside Canada or have a professional designation other than the Quebec CPA designation, we invite you to contact your insurer or insurance agent or broker, e.g. ACPAI Insurance, to find out what coverage options are available to you for your professional activities outside Quebec, if applicable. The questions in this declaration do not in any way infer the issue of any form of insurance coverage. For more information about the Fonds d'assurance de la responsabilité professionnelle des CPA du Québec, insurance premiums and the coverage offered, go to [cpaquebec.ca/fonds-assurance](http://cpaquebec.ca/fonds-assurance) (French only).

I understand that it is my responsibility to comply with the *Règlement sur l'assurance de la responsabilité professionnelle des comptables professionnels agréés*, and that my answers to the questions in this declaration will have a direct impact on my subscription to the insurance fund and, if applicable, my insurance premium amount. Consequently, I agree to provide accurate information about my professional situation.

## Part 1 Professional situation and insurance premium

To determine the amount of your insurance premium, please check the statement(s) describing your professional situation between **April 1 and March 31 of the period in which you wish to be admitted by affiliation on the Order's roll**. The insurance premium will be prorated depending on the month of your admission. If you check more than one box, you must pay the highest of the applicable premiums.

Your professional situation	Your answer	Your premium (including the 9% tax on insurance premiums)									
<p>1. I will work, whether compensated or not, for one of the following CPA firms:</p> <table border="0"> <tr> <td>- BDO</td> <td>- KPMG</td> <td>- Raymond Chabot Grant Thornton</td> </tr> <tr> <td>- Deloitte</td> <td>- PwC</td> <td>- Richter</td> </tr> <tr> <td>- EY</td> <td></td> <td></td> </tr> </table> <p>You must also answer "Yes" if one of the following statements describes your professional situation:</p> <ul style="list-style-type: none"> <li>• I will work for an entity owned by one of these firms.</li> <li>• I will exclusively provide my services to one of these firms.</li> <li>• The entity for which I will be working outside of Canada is included on the list, but has a different name.</li> </ul>	- BDO	- KPMG	- Raymond Chabot Grant Thornton	- Deloitte	- PwC	- Richter	- EY			<input type="checkbox"/>	\$0
- BDO	- KPMG	- Raymond Chabot Grant Thornton									
- Deloitte	- PwC	- Richter									
- EY											

Your professional situation	Your answer	Your premium (including the 9% tax on insurance premiums)
2. I will provide, whether compensated or not, <u>professional services included in the practice of the CPA profession</u> , as defined in section 4 of the <i>CPA Act</i> , <b>valued above \$9,999 annually</b> to third parties within a firm or other entity or as a self-employed member, either as a partner, shareholder or employee who has been given the authority to sign reports or other documents, or as a contract employee.	<input type="checkbox"/>	\$1,907.50
3. I will provide, whether compensated or not, <u>professional services included in the practice of the CPA profession</u> , as defined in section 4 of the <i>CPA Act</i> , <b>valued below \$10,000 annually</b> to third parties within a firm or other entity or as a self-employed member, either as a partner, shareholder or employee who has been given the authority to sign reports or other documents, or as a contract employee.	<input type="checkbox"/>	\$65.40
4. I will have the <b>status of employee</b> who has not been give the authority to sign reports or other documents and I will practice my profession, whether compensated or not, for a firm that provides <u>professional services included in the practice of the CPA profession</u> , as defined in section 4 of the <i>CPA Act</i> , to third parties.	<input type="checkbox"/>	\$545
5. I will work, whether compensated or not, in a business, an institution, the public or parapublic service or education, or I will operate a business, in Quebec or elsewhere in Canada, that does not provide <u>services included in the practice of the CPA profession</u> , as defined in section 4 of the <i>CPA Act</i> , to third parties (see statements 2 and 3 above).	<input type="checkbox"/>	\$65.40
6. I will not practice the CPA profession under any circumstance, whether compensated or not, or I will not work.	<input type="checkbox"/>	\$65.40

Any change in your professional situation during the year may affect your insurance premium. If your professional situation changes, you will need to fill out a new declaration form and pay the appropriate premium adjustment for your new professional situation, where applicable.

## Part 2 Additional information

For reference purposes only, please provide any relevant additional information about your professional situation.

## Part 3 Declaration

**I hereby declare** that the information provided in this declaration is true and I have duly completed and signed it. I understand that any false or incomplete statement could have serious consequences.

\_\_\_\_\_  
Signature (compulsory)

| YYYY | | MM | | DD |  
Date

**⚠ Please return this duly completed and signed form to [tableauCPA@cpaquebec.ca](mailto:tableauCPA@cpaquebec.ca).**

**Information:** 514 288-3256 [2611] 1 800 363-4688 [sep@cpaquebec.ca](mailto:sep@cpaquebec.ca)