

Professional Liability Insurance Declaration for Former Firms

Instructions:

This form must be completed and filed upon deregistration of a registered firm, if required, or annually, as requested by CPA staff, by all firms that have ceased practising within the past six years, as described in the Professional Liability Insurance Policy on our [website](#). Please complete ALL blank sections.

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:

Registered Practice Name (if different):

Firm Contact/Member:

Please complete either Part A or Part B

PART A

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 _____

PART B

The firm does not carry professional liability insurance in accordance with the provisions of the By-laws because the firm's practice was purchased by the following firm and I am advised and believe that the necessary professional liability insurance coverage relating to the firm's past practice is covered under the terms of the insurance policy carried by the successor firm.

Successor Firm: _____

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 scan and email the completed form to lmcquire@cpans.ca, attention: Lori McGuire.