

## Professional Liability Insurance Declaration - New Firms

This form must be completed by the firm representative of new firms offering Regulated Services to the public including public accounting services in accordance with the [Chartered Professional Accountants Act](#) Section 2 (zm) and/or other regulated services in accordance with the [CPA Nova Scotia By-Laws](#) Section 1.1.34 (“Regulated Services”). The professional liability insurance coverage must be in accordance with the CPA Nova Scotia [Professional Liability Insurance Requirements Policy](#). Firms with multiple locations should submit only one completed form for all locations.

Please attach a copy of the professional liability insurance policy, the certificate of insurance (declaration certificate) and all policy endorsements, if applicable, to your application.

### Registered Firm or Affiliate Firm Details *(the “Firm”)*

\_\_\_\_\_  
*Firm Name*

\_\_\_\_\_  
*Firm Representative*

Number of designated CPAs in the Firm: \_\_\_\_\_

### Professional Insurance Policy Details

\_\_\_\_\_  
*Name of Insurer*

\_\_\_\_\_  
*Policy Number*

\_\_\_\_\_  
*Effective Date*

\_\_\_\_\_  
*Expiry Date*

\_\_\_\_\_  
*Policy Amount Per Claim*

\_\_\_\_\_  
*Policy Aggregate Claim*

Named Insured(s): \_\_\_\_\_

*Please initial*

\_\_\_\_\_ I confirm that the professional liability insurance policy is in accordance with the [Professional Liability Insurance Requirements Policy](#) and includes the following.

- a. Legal or defence costs in addition to the per claim and aggregate limits.
- b. Coverage for prior acts
- c. Endorsement requiring the insurer to advise CPA Nova Scotia in writing to [registrations@cpans.ca](mailto:registrations@cpans.ca) within 30 days if the professional liability insurance policy is cancelled or not renewed or if the coverage is below the minimum coverage required.

\_\_\_\_\_ I confirm that the Firm will maintain Discovery Period insurance in accordance with the [Professional Liability Insurance Requirements Policy](#) for 6 years upon the cessation of practice.

\_\_\_\_\_ I confirm that any CPA Nova Scotia member(s) hired to provide Regulated Services on a contract basis through the Firm are covered under the Firm’s professional liability insurance policy, if applicable.

*Other Information, if applicable:* \_\_\_\_\_

### Declaration

I hereby declare that, to the best of my knowledge, the information provided in this Declaration is correct. *(Please attach the details of any differences in the information provided in this Declaration.)*

\_\_\_\_\_  
*Firm Representative Name*

\_\_\_\_\_  
*Firm Representative Signature*

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.