



ORDRE DES COMPTABLES AGRÉÉS DU QUÉBEC
GROUP PROFESSIONAL LIABILITY INSURANCE PLAN
 (Administered by AICA Services Inc. / Les SACA Inc.)



APPLICATION AND PREMIUM SELF ASSESSMENT FORM
FOR THE PERIOD APRIL 1ST, 2009 TO APRIL 1ST, 2010

All members of the *Ordre des comptables agréés du Québec* (the “Ordre”) must participate in the Ordre’s group professional liability insurance plan (the “group insurance plan”) to cover any liability they may incur due to errors or negligence that may occur in the course of the practice of the profession. The Ordre makes the contract available while the insurer issues an insurance certificate to individual insured members.

Section A - IDENTIFICATION

Member Name:	Member Number:
Preferred Mailing Address:	Phone Number:
Mailing Address (line 2):	Fax Number:
City, Province:	Postal Code:
Personal/Residential Address, if different from above:	
City, Province:	Postal Code:
Email Address:	
Name of Firm/Employer, if applicable:	

Please indicate your preference:

Language of correspondence:	English <input type="checkbox"/>	French <input type="checkbox"/>	
Method of correspondence:	E-mail <input type="checkbox"/>	Fax <input type="checkbox"/>	Mail <input type="checkbox"/>

Section B - PREMIUM SELF ASSESSMENT CATEGORIES

Please select only one category that best describes your situation to determine the amount of your premium:

1. You are a member of the Ordre and the CA Firm or other entity that employs you has requested and been granted by the Ordre an exemption from the group insurance plan as defined in the Regulation Respecting Professional Liability Insurance for Members of the Ordre.	✓
If this describes your situation and you do not fall into any other category below, you have no premiums to pay and you are only required to complete Sections A and B as well as the Declaration and Signature portion of this form.	
2. You are a member of the Ordre and the CA Firm or other entity that employs you has requested and been granted an exemption by the Ordre; in addition , you offer to the public professional services included in the practice of the profession of chartered accountant as defined by the <u>Code of Ethics</u> under a non-exempt firm or your own name. Please provide here the name under which professional services are rendered. Refer to Category 7 and 11 for amount of premium due.	
3. You are a member of the Ordre and the CA Firm or other entity that employs you has requested and been granted an exemption by the Ordre but you were employed by a non-exempt firm within the period of April 1, 2003 to April 1, 2009 and are not covered by a discovery policy. If you are covered by a discovery policy, please provide the policy number, limit of liability and the name of the Insurer here and you will not have to pay \$50 plus QST.	
4. You are a member of the Ordre and you practise your profession as an employee of the Government of Quebec, the Government of Canada, or an organization to which of one of the aforementioned governments, the Parliament of Canada or the Quebec National Assembly appoints the majority of members, or the corporate funds of which fall within the scope of either government.	

5.	You are a member of the Ordre and you practise your profession as an employee of a municipality, a mandatory body of a municipality or a supramunicipal body as defined by the <i>Act Respecting the Pension Plan of Elected Municipal Officers</i> (R.S.Q., c. R-9.3).	
6.	You are a member of the Ordre and you practise your profession for or on behalf of any employer other than one who provides professional services included in the practice of the profession of chartered accountant as defined by the <u>Code of Ethics</u> .	
7.	You are a member of the Ordre, including those belonging to category 2, 4, 5 or 6 above, and you offer to the public professional services included in the practice of the profession of chartered accountant as defined by the <u>Code of Ethics</u> , the approximate value of which is less than \$5,000, excluding any compensation received as a director or a member of the audit committee of a corporation.	
8.	You are an inactive member of the Ordre as defined in the Member Categories for purposes of determining annual membership fees. "Inactive members are those who, as at March 31, 2009, do not earn any revenue from employment, from the practice of the profession or from the operation of an enterprise within the meaning of the Civil Code of Quebec, and who have been members of the Ordre for a number of years which, when added to their age, equals 90 or more, provided they have been members of the Ordre continuously during the five years preceding the year in which they request to be registered as inactive members.". Your annual premium is \$25 plus QST.	
9.	You are a member of the Ordre and you certify that under no circumstances do you practise the profession of chartered accountant as defined by the <u>Code of Ethics</u> , either on an <i>ex gratia</i> basis or for gain.	
10.	You are not a member of the Ordre; however, you are responsible for ensuring that prior acts coverage is maintained for or on behalf of a former CA member or his/her estate.	
If you belong to any of categories #3 to #7, #9 and #10 above, your annual premium is \$50 plus QST.		
11.	You are a member of the Ordre, including those belonging to category 2, 4, 5 or 6 above, and you offer to the public professional services included in the practice of the profession of chartered accountant as defined by the <u>Code of Ethics</u> , the approximate annual value of which is \$5,000 or more, excluding any compensation received as a director or a member of the audit committee of a corporation.	
12.	You are a member of the Ordre and you practise your profession in circumstances other than those described in any of the preceding categories.	
If you belong to category #11 or #12, your annual premium is \$1,500 plus QST.		

Section C - DETAILS OF YOUR PROFESSIONAL LIABILITY INSURANCE PREMIUM

Category:	#11 and #12	#3 to #7, #9 and #10	#8
Premium:	\$1,500.00	\$50.00	\$25.00
QST*:	\$135.00	\$4.50	\$2.25
Total due:	\$1,635.00	\$54.50	\$27.25

* Quebec provincial sales tax ("QST") is applicable even if you reside outside of Quebec due to the fact that the policyholder is the *Ordre des comptables agréés du Québec* and its office is located in Quebec.

Your cheque or money order dated April 1, 2009 must be made payable to AICA Services Inc. and be received no later than March 16, 2009 at the following address:

AICA Services Inc.
 c/o Hub International Québec Limitée
 110 Cremazie Blvd. West, 8th Floor, Montreal, QC H2P 1B9

Your application form can be mailed to the address above or faxed to (416) 204-3418 or e-mailed to regimecollectif@aica.ca or completed directly on-line at www.aica.ca. Please notify AICA Services Inc. in writing of any changes in your status or contact information taking effect after April 1, 2009.

Payment may also be made by VISA, MasterCard, or Interac on-line when you submit your self-assessment form at www.aica.ca or by phone at 1-800-268-2630.

Section D - OTHER DECLARATIONS CONCERNING PROFESSIONAL LIABILITY INSURANCE

Other Countries

Do you render services outside of Canada? Yes No

If yes, please indicate country and amount of gross revenues _____

Please note that the information requested regarding services performed outside of Canada is being sought for statistical purposes only. Whether coverage is available for those professional activities is governed by the policy language.

Claims Information

At the date of this application does the applicant have any knowledge of any prior incident, act, error or omission, claim made or pending which could be a basis for claim under the group insurance plan?

Yes No

If Yes, please provide details _____

Please ensure that you have reported all of the above to AICA Services Inc.

Disclosure of Information

In accordance with the Regulation under which the primary insurance for the group plan has been negotiated, AICA Services Inc. will be providing the Ordre with any necessary information requested by the Ordre to administer the group insurance plan.

Declaration and Signature

For all members:

I hereby declare that the above statements and particulars are true and that I have not suppressed or mis-stated any material facts.

For members belonging to Categories 2 to 12:

I agree that this Application shall be the basis of the contract with the Insurers. I understand that my failure to choose the correct classification will result in the Insurers being liable for the proportion of any indemnity otherwise payable as the premium actually collected bears to the premium that should have been collected.

Completion of this application form does not bind the Insurers to provide this insurance until full payment is received. The information in this application forms an integral part of your certificate.

Name of Signatory _____ Signature _____

Date MMM DD, YYYY Place _____

Excess Limits and Additional Coverages (Form B)

In addition to the coverage under the group insurance plan, members have access to excess and other coverages through AICA Services Inc. and its broker, Hub International. Excess limits up to \$9,000,000 and additional coverages will be quoted upon:

- a) completion of a further application form (see Form B). Only one partner per firm needs to complete a copy of the Application Form B; and
- b) acceptance by the insurer of the risk presented.

For a list of what is and what is not covered under the group insurance plan, please consult the policy wording on AICA's website www.aica.ca or the Ordre's website www.oqaq.ca.