

APPLICATION AND PREMIUM SELF ASSESSMENT FORM
FOR THE PERIOD APRIL 1ST, 2012 TO APRIL 1ST, 2013

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, Country:	Postal Code:
Personal/Residential Address, if different from above:	
City, Province, Country:	Postal Code:
E-mail Address:	
Name of Firm/Employer, if applicable:	
Start date at this employment (MM/DD/YYYY):	

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:

<p>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 <i>Regulation Respecting Professional Liability Insurance for Members of the Ordre</i>.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Please specify the nature of your employment:</td> </tr> <tr> <td style="width: 80%;">(a) You are a partner or employee</td> <td style="width: 20%;"></td> </tr> <tr> <td>(b) You are a retired partner and/or work on contractual or per diem basis</td> <td></td> </tr> </table>	Please specify the nature of your employment:		(a) You are a partner or employee		(b) You are a retired partner and/or work on contractual or per diem basis		✓
Please specify the nature of your employment:							
(a) You are a partner or employee							
(b) You are a retired partner and/or work on contractual or per diem basis							
<p>If category 1 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, B and E of this form.</p>							
<p>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 Section 1 of the <i>Code of Ethics</i> under a non-exempt firm or your own name. Please provide here the name under which professional services are rendered. Refer to Category 6 and 11 for amount of premium due.</p> <p>_____</p>							
<p>3. You are a member of the Ordre and you practise your profession as an employee of the Government of Québec, the Government of Canada, or an organization to which of one of the aforementioned governments, the Parliament of Canada or the Québec National Assembly appoints the majority of members, or the corporate funds of which fall within the scope of either government.</p>							

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4. 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 *Act Respecting the Pension Plan of Elected Municipal Officers* (R.S.Q., c. R-9.3).
 5. 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 Section 1 of the *Code of Ethics*.
 6. You are a member of the Ordre, including those belonging to category 2, 3, 4, or 5 above, and you offer to the public professional services included in the practice of the profession of chartered accountant as defined by Section 1 of the *Code of Ethics*, 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.
 7. 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 Section 1 of the *Code of Ethics*, either on an *ex gratia* basis or for gain.
 8. 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 #8 above, your annual premium is \$50 plus QST.

9. You are a Retired Member of the Ordre as defined in the Member Categories for purposes of determining annual membership fees. "A retired member is a member who is [at least] sixty (60) years of age as at March 31, 2012 and whose income from employment, from the practice of the profession or from the operation of an enterprise, within the meaning of the *Civil Code of Québec*, is less than \$5,000 and who has been a member of the Ordre continuously during the five years preceding the year in which he or she requests to be registered as a retired member."

Please select only one of the sub-categories below that best describes your situation as a Retired Member.

Your total income is less than \$5,000 and is earned from :	✓
(a) employment income outside the practice of the CA profession or from the operation of an enterprise, within the meaning of the <i>Civil Code of Québec</i>	
(b) the practice of the CA profession	
You do not earn any revenue from sub-categories (a) and (b)	

If you belong to category #9, your annual premium is \$25 plus QST.

10. You are a life member of the Ordre and you certify that you 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 Québec*. "Is considered a life member: a member who has been a member of the Ordre for (at least) 50 years as at December 31, 2011."

If you belong to category #10, you have no premiums to pay and you are only required to complete Sections A, B and E of this form.

11. You are a member of the Ordre, including those belonging to category 2, 3, 4, or 5 above, and you offer to the public professional services included in the practice of the profession of chartered accountant as defined by Section 1 of the *Code of Ethics*, 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.

Please note that if your self-assessment turns out to be incorrect, you must notify AICA Services Inc. immediately. The Insurers reserve their right to adjust the premium retroactively, with interest, on the basis of the category that in fact applies to your situation.

Section E - OTHER DECLARATIONS CONCERNING PROFESSIONAL LIABILITY INSURANCE

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	<input type="checkbox"/>	a. New incident: please provide details in writing to AICA Services Inc.
	<input type="checkbox"/>	b. Previously reported. Please provide any updates to AICA Services Inc.
No	<input type="checkbox"/>	

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 any false representation or incomplete statement could have adverse consequences.

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 MM/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, Aon Reed Stenhouse Inc. / Aon Parizeau Inc. 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.

Please check this box if you wish to be contacted regarding excess coverage for your incorporated practice.

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.qc.ca.