

New Alternatives for CGA's

for their

Professional and Commercial General Liability Insurance

CanMapp & Hub International are please to announce they are now able to insure CGA's as well as CMA's on their group insurance programme. The current programme has been in place for almost 5 years with no rate increases since inception and in fact the base premium has decrease by over 10%.

The product was designed in conjunction with the input of the public practioner and is designed to meet the needs of the majority of the membership.

Here are some of the policy benefits:

- No policy issuance fees
- Retro-date protection is included with evidence of prior insurance coverage
- Purchase only the contents limit you require
- Policy administrator is a practioner association not a regulatory body
- Automatic Monthly payments are available
- Hub International has 8 Full time claims managers to protect our clients
- Rate Stability
- Insurer Lombard Canada is financially secure

Here is a sample premium for a CGA with 1,000,000 liability coverage for Errors & Omissions Coverage and Comercial General Liability along with \$5000.00 of contents working from their home and sales of \$150,000.

Errors & Omissions Coverage \$2500 Deductible	\$1,270.00
1,000,000 per Occurrence \$3,000,000 Aggregate Limits and Aggregates as required for CGA's.	
Commercial General Liability \$1,000,000 \$2500 deductible	\$ 100.00
Contents \$5,000 @ \$.40 \$1000 deductible	\$ 20.00
Total Cost	\$1,390.00

Please complete the attached application to calculate your premium. Please call Bob Burns at 1-800-563-9441 x242 with any questions.

This is just for illustration purposes and does not alter the terms and exclusions of the actual policy

CanMAPP
Professional Liability & Commercial Insurance Application
Administered by Hub International Ontario Limited
Underwritten by Lombard Insurance Company

Part One - Client Data

Business Name or Accountant Name:: _____

(You must indicate your business name or Ltd Company if you have one)

Mailing Address: _____ City _____

Prov _____ PC _____

Location Address (if different than above): _____

City _____ Prov _____ PC _____

If you have other locations attach Schedule and contents limits required

Phone Number: _____ Fax: _____

Email: _____

Have you had any claims in the last 5 years Yes No

If yes provide brief details of nature of claim, amount paid or estimate:

(Please note if you have had any claims coverage is not bound until approved by Lombard)

Part Two – Professional Services Provided Annual Billings: _____

Optional Information

Services:

**Percentage of gross
billings:**

Audit engagement for publicly held companies:	%
Audit engagements for private companies:	%
Audit engagements for non-profit companies:	%
Review engagements:	%
Non-review preparation of fin. statements:	%
Tax planning:	%
Tax preparation	%
Bookkeeping:	%
Business evaluation:	%
Management consulting including installing & set up of Prepackaged Software (please specify):	%
Other, please specify: (attach separate sheet if necessary)	%

The following services are not covered by this policy.

Do you provide any of the following services?:

Sale or Advice of Investment Products	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consulting or Development of Computer Software (Installing & Set up of Prepackaged Software is not consider Consulting or Development)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide Mortgage Brokering Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property Management Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you distribute or provide Trust or Estate Services other than tax preparation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you act as a Trustee for a Bankruptcies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you provide Title Abstraction Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you provide services outside of Canada	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preparation of a US tax return for a Canadian Resident in Canada is not considered Services outside of Canada		

If any of the above answers are "yes" you will need to contact Bob Burns 1-800-563-9441 x 242

Names of Individuals to be covered by this policy (only Accounting Proferssionals may be listed)

Name	Designation (s)	Member #	Member#	Member #

(Note: Only Accounting Professionals that are employed by the firm or work under contract may be listed and only the work done on behalf of the named insured is covered)

Part Three – Commercial Property and Liability Coverage:

Coverage provided is on a broad form, replacement cost basis with a \$1000 deductible for this section.

Do you operate your business from your home? Yes No

If yes complete Part A Next Page

Do you rent office space or operate out of a commercial building you own? Yes No

If yes and you would like a quotation or you had coverage from our office last year please contact Bob Burns @ 1-800-563-9441 x242

Premium Calculation :

Part A Home Based Business	Amount	Rate	Premium
Contents of Every Description Limit Include computers & software, office contents, office furniture.	_____	\$4.00/100	_____
Quotation provided by office for Bldg/Condo/Strato Corp			_____
Do you require off premise coverage for a laptop? Laptop Limit incl. software & accessories	_____	\$4.00/100	Yes No _____
Commercial General Liability	\$1,000,000		\$100.00
Total this section (A) Carry fwd to next page			_____

Part A Home Based Business Carried Fwd from Previous Page _____

Part B Professional Liability – includes civil penalties coverage

Total Annual Billings \$ _____

Previous Insurance Company _____ Policy # _____

Date of first Professional Liability Coverage (Retro date) _____

Please select only one of the following Liability Limit Coverage Options

	Liability Limits per claim /aggregate	\$1,000,000/ \$1,000,000	\$1,000,000/ \$2,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$2,000,000	\$2,000,000/ \$4,000,000
A	First \$150,000 annual billings	\$1,000	\$1,165	\$1,270	\$1,375	\$1,595
	Enter additional billings from \$150,001 - \$500,000					
B	Calculate additional billings x rate	\$5.00/1000 =	\$5.75/1000 =	\$6.30/1000 =	\$6.75/1000 =	\$7.75/1000 =
C	Subtotal (A) + (B)					
D	If you perform audits add the following premium	\$100	\$150	\$175	\$175	\$200
	TOTAL (C) + (D)					

For Annual billings over \$500,000 please contact Bob Burns at 800-563-9441 ext 242 or one of his account managers Lana Mallot /Crystal Clarkson ext 271/301

Total Premium (see next page for payment options)

Part A + Part B (option) _____

Ontario Residents add 8% sales tax _____

Total Premium with tax _____

PAYMENT AUTHORIZATION FORM

INSURANCE COMPANY: LOMBARD GENERAL INSURANCE		POLICY NUMBER: BINDER	
INSURED'S FULL NAME AND POSTAL ADDRESS:		BROKER'S FULL NAME AND POSTAL ADDRESS:	
		Unity Insurance Brokers Windsor 3063 Walker Rd. Windsor, Ontario N8W 3R4	
CONTACT: HOME PHONE: BUSINESS PHONE: FAX: EMAIL:	COMPANY CLIENT ID:	BROKER'S CLIENT ID:	
FINANCIAL INSTITUTION INFORMATION			
TYPE OF INFORMATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF INFORMATION			
NAME OF ACCOUNT HOLDER (PERSON PAYING PREMIUM IF OTHER THAN INSURED):			
NAME OF FINANCIAL INSTITUTION:			
ADDRESS:			
CITY:	PROVINCE/TERRITORY:	POSTAL CODE:	
ACCOUNT INFORMATION (Account must provide chequing privileges)	TRANSIT:	BANK:	ACCOUNT NUMBER:
AMOUNT:	DATE OF WITHDRAWAL:	FREQUENCY:	
MY/OUR SIGNATURE CONFIRMS THAT: <ul style="list-style-type: none">• I / We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my / our bank account.• I / We hereby authorize the above named financial institution to debit my / our account for all payments payable to LOMBARD GENERAL INSURANCE in payment of the insurance premiums and any applicable charges and taxes.• I / We understand that this authorization may be cancelled by me / us upon written request.			
ACCOUNT HOLDER SIGNATURE		DATE	
ACCOUNT HOLDER SIGNATURE		DATE	
If more than one signature is required on cheques issued against this account, all account holders must sign this authorization. Please note that a transaction fee will apply to any "Non-Sufficient Funds" (NSF) cheque returned. ATTACH VOID CHEQUE			
BB			