



Certified Management Accountants



The Society of Management Accountants of Canada

2011-2012 Renewal Application
Professional Liability / Errors & Omissions and Office Package Insurance
For applicants in British Columbia

General Information

- Please complete this application form in full since it forms the basis upon which insurance is provided.
In the event of a non-disclosure, a claim may be refused at the option of the Insurer.
All completed applications received by LMS PROLINK before December 6th will make the principals eligible for a draw for one of two \$400 gift certificates for the Hudson's Bay Company.

Entity Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Certificate of Insurance # \_\_\_\_\_ CMA Membership # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Location of Insured Property for Office Package (complete if different from mailing address):

Location Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Section A: Information

- A.1. Are you still a member in good standing with the Society of Management Accountants? O Yes O No
A.2. What were your total annual gross receipts from all sources for the past 12 month period? \$ \_\_\_\_\_
A.3. What percentage of the gross receipts was derived from US clients? \_\_\_\_\_ %
A.4. Have there been any modifications to your business or services provided? (For example, do you now provide forensic accounting, property management or computer services?) If 'yes', please provide details O Yes O No

\_\_\_\_\_
\_\_\_\_\_



## Section D: Office Package Insurance

**Both Options A and B are on a replacement cost basis.** Applicable deductibles for both Basic and Comprehensive Office Packages: 5% Earthquake; \$5,000 Flood; \$2,500 Sewer Backup, \$1,000 All other property losses; \$2,500 All liability losses.

### Option 1: The Basic Office Package

*Please note that limits cannot be increased under this Basic Package, with the exception of Commercial General Liability.*

*The maximum limit of insurance available is \$25,000 inclusive of ALL coverage extension limits you see in the table below, with the exception of Commercial General Liability.*

|  | Basic Premium Limits for Program | Totals   |
|--|----------------------------------|--|
| Office Contents <ul style="list-style-type: none"> <li>90% co-insurance applies</li> <li>including Leasehold Improvements and Laptops</li> <li>Also includes EDP/Computer Equipment up to a limit of \$10,000</li> </ul>   | \$25,000                         | \$350  |
| Business Personal Property <ul style="list-style-type: none"> <li>Equipment Temporarily away from Premises \$2,000</li> <li>Off Insured's Premises \$2,500</li> <li>Newly Acquired Property, subject to 120 day reporting \$2,500</li> </ul>   |                                  | Included   |
| Personal Effects of Employees, any one loss  | \$1,250                          | Included   |
| Removal of Debris after Loss   | 10% of Value of Contents         | Included   |
| Extra Expense  | \$2,500                          | Included   |
| Valuable Papers & Records  | \$500                            | Included   |
| Accounts Receivable  | \$500                            | Included   |
| Loss of Business Income  | Actual Loss Sustained            | Included   |
| Money & Securities, On- & Off Premises   | \$250                            | Included   |
| Professional Fees, Included  | \$500                            | Included   |
| Blanket Glass & Sewer Backup   | Included                         | Included   |
| Commercial General Liability including, but not limited to: <ul style="list-style-type: none"> <li>Non Owned Auto \$1,000,000</li> <li>Tenants Legal Liability, All Risks \$1,000,000</li> <li>Medical Payments - per person \$5,000</li> <li>Medical Payments, per occurrence \$25,000</li> </ul> |                                  | Included (CGL and Non-owned auto can be increased to \$2,000,000 for additional \$100 flat rate) |
| <b>Basic Annual Premium</b>  |                                  | <b>\$350</b>   |
| <b>\$100 Additional CGL Premium (if applicable) to increase to \$2,000,000</b>   |                                  |  |
| <b>TOTAL ANNUAL PREMIUM</b>  |                                  |  |

**Option 2: The Comprehensive Office Package**

*The coverage extension limits listed in the table below are IN ADDITION to the \$25,000 in contents coverage. Please refer to the policy wording for a full list of extensions. Please note if increasing contents and/or computer limit, Equipment Breakdown must also be increased.*

|  | Basic Premium Limits for this Comprehensive Package | Additional Limits Required (above basic limit) | Rates per \$1,000 for Additional Coverage Above Basic Limit | Totals          |
|--|---|--|---|-----------------|
| <b>Base Premium</b>  |   |  |   | <b>\$710</b>    |
| Office Contents<br>• **90% co-insurance applies<br>• including Leasehold Improvements and Laptops  | \$25,000  | \$   | @ \$1.20  |                 |
| Value of Computer Equipment (includes hardware, software, phone systems, printers, copiers, fax etc.)  | \$25,000  | \$   | @ \$1.20  |                 |
| <b>Equipment Breakdown Coverage – must be increased to match the combined contents and computer limits if they are in excess of \$50,000</b> | Up to \$50,000                                      | \$   | @ \$1.00  |                 |
| Personal Effects of Employees, any one loss  | \$10,000  | Not available                                  | Not applicable  | Included        |
| Removal of Debris after Loss   | 10% of Value of Contents                            | Not available                                  | Not applicable  | Included        |
| Accounts Receivable  | \$25,000  | \$   | @ \$1.20  |                 |
| Extra Expense  | \$25,000  | \$   | @ \$1.20  |                 |
| Outdoor Signs  | \$10,000  | \$   | @ \$5.75  |                 |
| Valuable Papers & Records  | \$25,000  | \$   | @ \$1.20  |                 |
| Loss of Business Income  | Actual Loss Sustained                               | Not available                                  | Not applicable  | Included        |
| Money & Securities, On- & Off Premises   | \$5,000   | \$   | @ \$65.00   |                 |
| Employee Dishonesty  | \$5,000   | Not available                                  | Not applicable  | Included        |
| Professional Fees, Included  | \$25,000  | Not available                                  | Not applicable  | Included        |
| Deferred Sales   | \$25,000  | Not available                                  | Not applicable  | Included        |
| Expediting Expense   | \$25,000  | Not available                                  | Not applicable  | Included        |
| Cost to Prepare Proof of Loss  | \$5,000   | Not available                                  | Not applicable  | Included        |
| Home Office Extension  | \$10,000  | \$   | @ \$1.20 (per \$100)  |                 |
| Commercial General Liability including, but not limited to:  | \$2,000,000   | \$   | \$75 per additional \$1,000,000 to maximum of \$5,000,000   |                 |
| Non Owned Auto   | \$2,000,000   | \$   |   |                 |
| Tenants Legal Liability, All Risks   | \$1,000,000   |  | \$25 flat to increase to \$2,000,000                        |                 |
| Medical Payments - per person  | \$5,000   |  |   |                 |
| Medical Payments, per occurrence   | \$25,000  |  |   |                 |
| Blanket Glass  | Included  | Not available                                  | Not applicable  | Included        |
| Sewer Backup   | Included  | Not available                                  | Not applicable  | Included        |
| Building 90% Co-Insurance applies  | Not included  | \$   | Contact Broker  | Broker to Quote |
| <b>Basic Annual Premium</b>  |   |  |   | <b>\$710</b>    |
| <b>Premium for Additional limits</b>   |   |  |   |                 |
| <b>TOTAL ANNUAL PREMIUM</b>  |   |  |   |                 |

**\*\* Co-insurance provision can be amended to Stated Amount, upon receipt of Statement of Values Form. This must be provided with completed application, please see Appendices A & B**

## Section E: Premium Summary

Please complete the following:

|  |    |
|--|----|
| Premium for Professional Liability                             | \$ |
| Premium for Income Tax Penalties Extension                     | \$ |
| Premium for Office Package                                     | \$ |
| Late Administration Fee \$50 (applicable after Jan. 21, 2011)* | \$ |
| TOTAL  | \$ |

**\* All applications received after Jan. 21, 2011 will be subject to a \$50 late administration fee.**

**\* All applications received BEFORE Dec. 6, 2010 are entered into a draw for one of two \$400 gift certificates.**

All application questions should be directed to Kristin Mavroudi, 1-800-663-6828; ext. 7703 or KRISTINM@LMS.CA

\_\_\_\_\_  
*Print Name, Principal or Owner*

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

\_\_\_\_\_  
*Signature of Partner, Principal or Owner*

### Payment Options

- Full payment. Please make your cheque payable to 'LMS PROLINK Ltd' for January 1, 2011.
- Three payment plan (**not available for credit card payments**): premium may be divided into three (3) equal installments. All three (3) cheques must be sent simultaneously and dated January 1<sup>st</sup>, February 11<sup>th</sup> and March 25<sup>th</sup>, 2011 (**please ensure cheque is dated March 25<sup>th</sup>, 2011 NOT March 31<sup>st</sup>, 2011**). Please make your cheques payable to LMS PROLINK Ltd. A \$20 fee will be assessed on all cheques returned due to non-sufficient funds ("NSF").

**NOTE: THE THREE PAYMENT PLAN CANNOT BE OFFERED ON APPLICATIONS RECEIVED AFTER JANUARY 1, 2011.**

- Credit Card. If paying by Credit Card, payment must be made IN FULL. Please complete the attached credit card payment form (Appendix C).

**Please sign and date this completed application and send it to our office at the address below along with your payment.**

Mailing Address: **LMS PROLINK Ltd**  
**Attention: Kristin Mavroudi**  
**480 University Avenue, Suite 800**  
**TORONTO, ON M5G 1V2**

## **Appendix A: Co-Insurance vs. Stated Amount**

### **Co-Insurance (90%)**

Under the terms of this clause, property must be insured for an amount equal to or exceeding 90% of its insurable value. Failure to do so will result in a penalty for under reporting/declaring/insuring if there is a partial loss. The penalty is based on what you should have insured for (in this case 90% or higher of the insurable value) and the amount underreported (the amount you actually insured for). As an example:

*Office contents are actually valued at \$40,000 and have a 90% coinsurance clause. This means they should be insured for a minimum of \$36,000. They are insured for only \$30,000. Since the insured value is less than 90% of the actual value, when there is a partial loss, the recovery will be subject to the underreporting penalty.*

*There is a loss of \$15,000*

*Formula: \$30,000 (amount insured for) / \$36,000 (amount should be insured for) x \$15,000 (loss) = \$12,500 (recovery)*

*In this example the underreporting penalty would be \$2,500*

Note the penalty is only applicable in a partial loss. If there was a total loss of \$40,000, the insured would claim \$30,000 as this is the TOTAL they are insured for.

### **Stated Amount**

By completing a Statement of Values form, in the event of a partial loss, the co-insurance penalty is waived. The claim would be settled based on the amount of the claim up to the maximum Stated Amount on the policy/certificate.

Using the above example:

*Contents are actually valued at \$40,000 but insured for only \$30,000 as declared on the Statement of Values form. Since this is the stated amount declared, this is the total limit of insurance provided. The co-insurance clause is waived.*

*There is a loss of \$15,000*

*Because the contents are insured up to \$30,000, and are not subject to the underreporting penalty, recovery is \$15,000*

Note in the event of a total loss of \$40,000, the insured would only recover \$30,000 as this was the total declared on the Statement of Values form.

**If you have any questions please contact Kristin Mavroudi in office to discuss further.**

**1-800-663-6828; ext. 7703**

**Appendix B: Statement of Values – ONLY APPLICABLE IF PURCHASING THE COMPREHENSIVE OFFICE PACKAGE**

Date of Policy or Renewal: \_\_\_\_\_

**Note 1: The policy wording will be drawn to cover only property for which values are given in the respective columns.**

**Note 2: Separate values are required on each separately rated building (and on its contents if included in the insurance)**

|              | CONTENTS |                        | BUILDING |                        |
|--------------|----------|------------------------|----------|------------------------|
|              | Item     | Replacement Cost Today | Location | Replacement Cost Today |
| 1            |          |                        |          |                        |
| 2            |          |                        |          |                        |
| 3            |          |                        |          |                        |
| 4            |          |                        |          |                        |
| 5            |          |                        |          |                        |
| 6            |          |                        |          |                        |
| 7            |          |                        |          |                        |
| 8            |          |                        |          |                        |
| 9            |          |                        |          |                        |
| 10           |          |                        |          |                        |
| 11           |          |                        |          |                        |
| 12           |          |                        |          |                        |
| 13           |          |                        |          |                        |
| 14           |          |                        |          |                        |
| 15           |          |                        |          |                        |
| 16           |          |                        |          |                        |
| 17           |          |                        |          |                        |
| 18           |          |                        |          |                        |
| 19           |          |                        |          |                        |
| 20           |          |                        |          |                        |
| <b>TOTAL</b> |          |                        |          |                        |

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix C: Credit Card Payment Authorization Form

Date of Transaction \_\_\_\_\_

Customer Code / Customer Number \_\_\_\_\_  
(TO BE COMPLETED BY LMS PROLINK)

Name of Person Authorizing Payment \_\_\_\_\_

Name on Card \_\_\_\_\_

Type of Card  VISA  MASTERCARD

Credit Card Number \_\_\_\_\_

Credit Card Expiry Date \_\_\_\_\_

Total Amount to be charged \_\_\_\_\_

Request from CSR/TSR  
(TO BE COMPLETED BY LMS PROLINK) \_\_\_\_\_