



General Information

- Please complete this application form in full since it forms the basis upon which insurance is provided.
There is no cost to continue the extended reporting coverage from January 1st, 2011 until January 1st, 2012 if you are not rendering services as a CMA in public practice or as an independent consultant.
In the event of a non-disclosure, a claim may be refused at the option of the Insurer.
Please note that if there is more than one CMA currently insured under this Certificate of Insurance number, please photocopy this form and complete a separate renewal form for each CMA Member.

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

Are you incorporated?  YES  NO

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

CMA Membership # \_\_\_\_\_

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

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

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

Please indicate the final year in which you paid a full premium for professional liability insurance. \_\_\_\_\_

Please indicate the date on which you ceased offering services as a CMA in public practice. \_\_\_\_\_

Extended Reporting Period coverage only applies to claims arising from professional services you rendered prior to this date.

Limit of liability provided under your extended reporting period coverage: \_\_\_\_\_ (indicate the last per loss/aggregate limits per certificate)

Signature

Date