



**Professional Liability Insurance Coverage Information Form:
Cancellation**

General Instructions:

Please complete this form and return it to HRPA. This form is intended for registrants who no longer practice independently and wish to notify HRPA of their cancelled insurance. This can be sent directly to HRPA by mail, fax or email:

HRPA Office of the Registrar
150 Bloor St. W., Suite 200
Toronto, ON M5S 2X9

Email: registrar@hrpa.ca
Fax: 416.923.8956
Tel: 416.923.2324 or 1.800.387.1311

REGISTRANT INFORMATION:

First Name	Last Name
Registration Number:	Email

POLICY INFORMATION

The HRPA Rules of Professional Conduct require registrants in independent practice to have professional liability insurance adequate for their situation. It is prohibited to insert any clause excluding, directly or indirectly, in whole or in part, the registrant’s personal civil liability in a contract of professional services.

Do you provide HR services as independent practitioner on a full-time, part-time, infrequent or volunteer basis?

Yes No

ATTESTATION

I confirm and attest that the information I have provided with respect to my professional liability insurance coverage is complete and accurate. I understand that, as an independent practitioner, professional liability insurance coverage is required by the HRPA Rules of Professional Conduct and that to practice independently without such insurance, or to provide false or misleading information related to my professional liability insurance coverage, is a breach of the Rules of Professional Conduct and may lead to allegations of professional misconduct.

Registrant Signature: _____ Date signed(mm/dd/yyyy)_____

By checking this box, I agree to and confirm the above.