



**Professional Liability Insurance Coverage Information Form:  
Initial Submission**

**General Instructions:**

Please complete this form and return it to HRPA. This form is intended for registrants who practice HR independently and who are submitting professional liability insurance information to HRPA for the first time. Along with this form, proof of your insurance coverage is also required. 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**

In order to be authorized for independent practice, you must:

- Complete and submit this form and provide proof of insurance to HRPA (e.g., a copy of your insurance certificate), and
- Agree to inform HRPA of any premature changes, cancellation, or non-renewal of the policy.

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.

Name of Brokerage	Policy Number	Policy Expiry Date
Broker First Name	Broker Last Name	Broker Email
Type of Independent Practice Part-time /Occasional                      Full-time                      Volunteering in an HR capacity		



**Human  
Resources  
Professionals  
Association**

**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.