

Professional Liability Insurance Coverage Information Form: Annual Renewal/Change of Information

General Instructions:

Please complete this form and return it to HRPA. This form is intended for registrants in independent practice who have sent professional liability insurance information to HRPA in the past and have since changed or renewed their insurance information either with the same broker, or a different broker. Along with this form, proof of your updated insurance coverage is also required. This can be sent directly to HRPA by mail 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 up to date 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 V	olunteering in an HR Capacity



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.