



PROFESSIONAL LIABILITY INSURANCE DECLARATION FORM 2024-2025

To maintain your certificate of registration, you must submit the appropriate annual fee and sign this Professional Liability Insurance Declaration Form.

PLEASE DO NOT MODIFY THIS FORM

I confirm that I will be insured against professional liability under a professional liability insurance policy, valid in Ontario, of not less than \$2,000,000 with no deductible for the renewal period June 1, 2024 to May 31, 2025. This is in accordance with the College's By-law on Liability Insurance made under the authority of the *Regulated Health Professions Act, 1991* as amended 1998, Schedule 2, subsection 94.(1)(y).

Name of your insurance provider:

Print Full Name:

Signature

Date

You may submit this form to the College:

Email: cpo@cpbao.ca

Fax: 416-961-2635

Mail: The College of Psychologists and Behaviour Analysts of Ontario
110 Eglinton Avenue West, Suite 500
Toronto, ON, M4R 1A3