



Professional Liability Insurance Coverage Information Form

General Instructions:

Please complete this form and return it to HRP. Proof of insurance coverage is also required. This may be sent along with this form (e.g., a copy of your policy) or you may ask your insurance provider to send proof of coverage directly to HRP 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

Member Information:

Mr. Ms Mrs. Dr. ____ Membership Number: _____

First Name: _____ Last Name: _____

Email: _____

Policy Information

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

- Provide proof of insurance to HRP (e.g., a copy of your insurance certificate), or a document sent directly to HRP from your insurance provider)
- Request that your provider inform HRP of any premature cancellation or non-renewal of the policy

The HRP Rules of Professional Conduct require members 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 member'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

Name of Brokerage: _____

Policy Number: _____ Policy Expiry Date: _____

Broker First Name: _____ Broker Last Name: _____

Broker Tel: _____ Broker Email: _____

Attestation

I authorize HRP to verify my insurance coverage with the provider noted above. 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 HRP 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.

Member Signature

Date

