

LIABILITY INSURANCE QUESTIONS

In the past 5 years, has any of the Applicant members ever been the recipient of any allegations of professional negligence in writing or verbally? If yes, please provide name(s).

Is any of the Applicant members aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than advised above. If yes, please provide name(s).

Payment Information

Credit Card: VISA Master

Card No.		CVV (3 digits on the back)	
Expiry Date		Name on card	

EFT: Beneficiary name: Ontario Professional Planners Institute

Bank# 003 / Transit# 06722 / Account# 1031459 / Pay Remittance Notice: finance@ontarioplanners.ca

Cheque: Please make cheque payment to Ontario Professional Planners Institute, 4881 Yonge St. Suite 401 North York, ON M2N 6Y9