



## 2019 ANNUAL REPORT OF FORM OF BUSINESS

As per the regulations pursuant to the Architect's Act, Appendix A-6.

(To be filed with the Registrar on the first day of January of each year or at any other time as requested by the Registrar.)

TO: THE REGISTRAR  
Architects' Association of Prince Edward Island  
PO Box 1766  
Charlottetown PE C1A 7N4

Dear Sir/Madam:

We (for "we" read "I" throughout where appropriate) submit herewith a report of the form of business association in connection with the Practice of:

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(Name of Member, Firm or Body Corporate)

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(Address of Member, Firm or Body Corporate, including city, province and postal code)

EITHER

I maintain an independent personal practice with no partners or associates, and I am not practicing in the form of a body corporate;

OR

The following are the names of All Partners:

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OR



# Architects Association of Prince Edward Island

We are members of a body corporate which undertakes and carries out the practice of architecture in its own name.

The following are the Directors of the Body Corporate:

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In case of changes in the above during the preceding one year period, please furnish all particulars of such changes with relevant dates:

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I am a member submitting this report. The information contained herein is correct to the best of my knowledge and belief.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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(Signature)

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(Signature)

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(Signature)

\*Please provide an up to date email address for sending invoices to your organization that will remain consistent from year to year. \_\_\_\_\_



## PROFESSIONAL LIABILITY INSURANCE FORM

Professional Liability Insurance in an amount not less than \$250,000 limit per claim, and an aggregate limit per year of \$250,000 is a mandatory requirement for obtaining a Certificate of Practice from the Architects' Association of Prince Edward Island. All Certificate of Practice holders must submit this form as well as a copy of their Certificate of Insurance.

All holders of a Certificate of Practice and all Temporary license holders shall immediately notify the Registrar of AAPEI if their Professional Liability Insurance is canceled or is not renewed annually.

Name of Insured (please print)

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Name of Insurance Company

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Name of Insurance Broker

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Insurance Policy Number

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Date of Expiry

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Signature of Insured

Date

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