

CHECKLIST FOR SELF-EMPLOYED INDIVIDUALS

CLAIMANT'S INFORMATION

NAME: _____
ADDRESS: _____
HOME NO: _____
BUS. NO: _____
CELL NO.: _____
FAX NO.: _____
DATE OF BIRTH: _____
DATE OF LOSS: _____

BUSINESS INFORMATION

BUSINESS NAME: _____
FISCAL YEAR-END: _____
TYPE OF BUSINESS: _____
DATE BUSINESS COMMENCED/INCORPORATED: _____
PARTNERS/SHARHOLDERS: YES NO
IF YES, PROVIDE DETAILS AND % OF OWNERSHIP: _____

DID BUSINESS CONTINUE AFTER THE LOSS?: YES NO
WERE REPLACEMENT WORKERS HIRED?: YES NO
IF YES, PROVIDE DETAILS (i.e. names of replacement workers, telephone numbers, and dates worked)

ACCOUNTANT/BOOKKEEPER: YES NO

FIRM NAME: _____
ACCOUNTANT'S NAME: _____
ADDRESS: _____
TELEPHONE: _____
FAX: _____

REPRESENTATIVE: LEGAL OTHER (specify):

FIRM NAME: _____

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

DOCUMENTS REQUIRED:

Personal and/or corporate income tax returns and notices of assessment for the most recent taxation year completed prior to the accident.

GST returns for relevant time periods.

Copies of the business' financial statements for relevant time periods (52 weeks prior to loss or last fiscal year).

Bank statements, cancelled cheques and duplicate deposit books of the business for the relevant time periods including after the loss.

Accounting books and records of the business for relevant time periods.

Business registration or articles of incorporation and shareholders register.

Copies of any licenses required to operate the business.

If salary paid to replace claimant post-accident, provide details including name(s), dates and amounts paid and supporting payment documentation.

Details of any continuing business expenses, post-accident.

