

CHECKLIST FOR SELF-EMPLOYED INDIVIDUALS

CLAIMANT'S INFORMATION

NAME:

ADDRESS:

HOME NO:

BUS. NO:

CELL NO.:

FAX NO.:

DATE OF BIRTH:

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

FIRST 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.

Copies of the business' financial statements for the last completed taxation year, or if a new business, since commencement of the business to the date of loss.

HST/GST returns for relevant time periods.

Bank statements of the business for the relevant time periods including after the loss to as up to date as possible.

Accounting books and records of the business for relevant time periods (general ledger, journals).

Business registration or Articles of Incorporation and Shareholders Register.

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.
