

**CHECKLIST FOR SELF-EMPLOYED INDIVIDUALS**

**CLAIMANT'S INFORMATION**

NAME:

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ADDRESS:

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HOME NO:

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BUS. NO:

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CELL NO.:

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FAX NO.:

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DATE OF BIRTH:

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**BUSINESS INFORMATION**

BUSINESS NAME:

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FISCAL YEAR END:

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TYPE OF BUSINESS:

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DATE BUSINESS COMMENCED/INCORPORATED:

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PARTNERS/SHARHOLDERS:  YES  NO

IF YES, PROVIDE DETAILS AND % OF OWNERSHIP:

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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)

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ACCOUNTANT/BOOKKEEPER:  YES  NO

FIRST NAME:

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ACCOUNTANT'S NAME:

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ADDRESS:

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TELEPHONE:

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FAX:

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REPRESENTATIVE:  LEGAL  OTHER (specify):

FIRM:

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NAME:

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CONTACT NAME:

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ADDRESS:

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TELEPHONE:

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FAX:

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DOCUMENTS REQUIRED:

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

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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.

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HST/GST returns for relevant time periods.

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

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

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Business registration or Articles of Incorporation and Shareholders Register.

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

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Details of any continuing business expenses, post-accident.

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