



ENCON Group Inc.
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Application

Directors and Officers Liability Insurance (Non-Profit Entity)

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Note: All questions must be completed in their entirety.

1. (a) Name and Address: _____

(b) Place of Incorporation: _____ (c) Date of Incorporation: _____

(d) Choose **one** of the following categories that best describes your function:

- | | | |
|--|---|---|
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Golf/Country Club | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Condominium/Housing | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Co-operative | <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> School/Educational Institution |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Labour Union | <input type="checkbox"/> Sports/Recreation Club |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Lobby Group | <input type="checkbox"/> Trade/Business Group |
| <input type="checkbox"/> Fraternal/Student Association | <input type="checkbox"/> Museum | <input type="checkbox"/> Other _____ |

2. (a) Please provide financial details of the ENTITY in the table below.

	Most Recent Year End	Previous Year End
Assets		
Liabilities		
Revenues		
Net Income (Net Loss)		

(b) Is the ENTITY in arrears in its payments of monies payable to Canada Revenue Agency or the provincial ministries of revenue (including source deductions, GST, HST and PST)? YES NO

(c) Is the ENTITY currently or has it at any time during the past three years been in breach of any of its debt covenants, loan agreements, contractual obligations, or does it anticipate any such breach occurring within the next 12 months? YES NO

(d) If the ENTITY holds a charitable status, has the status ever been revoked or been subject to review? YES NO

3. Number of employees: _____ Number of members: _____

If the number of employees is greater than 25, please complete the questions in the box below. If not, proceed to question 4.

(a)	What is the annual turnover rate of employees?	_____
(b)	How many employees and officers have been terminated in the past two years?	_____
(c)	Has the turnover rate exceeded historical levels during the past two years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(d)	Are any layoffs, staff reductions, or branch or office closings anticipated within the next two years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(e)	Does the ENTITY have:	
	(i) written hiring/interviewing guidelines?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	(ii) a Human Resources department? (If no, please provide details.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
(f)	When an employee is discharged:	
	(i) is officer approval required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	(ii) are Human Resources personnel directly involved?	YES <input type="checkbox"/> NO <input type="checkbox"/>

4. Is the ENTITY a licensing body for its members? YES NO
5. Does the ENTITY have activities outside of Canada? YES NO
6. Does the ENTITY sponsor a pension plan(s)? YES NO
7. (a) Has any claim been made or is any claim now pending against any director or officer, the ENTITY or any other person(s) proposed for coverage? YES NO
- (b) Has the ENTITY, within the last three years, been the subject of any inquiries, complaints, notices or hearings by any federal or provincial regulatory authority? YES NO
- (c) Is the undersigned or any other person(s) proposed for coverage aware of any fact or circumstance involving the ENTITY, its subsidiaries or the directors or officers, or the trustees, employees, volunteers or committee members of the ENTITY or its subsidiaries which he/she has reason to believe might result in any future claim? YES NO

If yes to any of the above questions, please provide details.

INSURANCE INFORMATION

8. (a) Current or previous insurance:

Insurer(s)	Expiration Date	Limit	Deductible
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

- (b) Has any similar insurance on behalf of the ENTITY been cancelled or non-renewed? YES NO

If yes, please provide details.

WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY PERSON PROPOSED FOR COVERAGE HAS KNOWLEDGE NOR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR COVERAGE HAS KNOWLEDGE.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

The undersigned declares that:

- (a) he/she is duly authorized to complete this Application and that the statements set forth herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for coverage to facilitate the proper and accurate completion of this Application form;
- (c) the financial information submitted with this Application are representative of the current financial position of the ENTITY.

The undersigned agrees that:

- (a) if the information supplied on this Application changes between the date of this Application and the effective date of the policy, he/she will provide written notice of such changes immediately to ENCON and, without limitation to any other remedy, ENCON may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage;
- (b) should a policy be issued, this Application and its attachments shall form part of the policy.

Signature

Capacity (President or Executive Director)

Date (dd/mm/yyyy)

ENTITY