



Program endorsed by



ASSOCIATION OF CONSULTING  
ENGINEERING COMPANIES | CANADA



engineerscanada  
Engineers Canada is the business name  
of the Canadian Council of Professional Engineers

ENCON Group Inc.  
500-1400 Blair Place  
Ottawa, Ontario K1J 9B8  
Telephone 613-786-2000  
Facsimile 613-786-2001  
Toll Free 800-267-6684  
www.encon.ca

# Claims Verification Form

## Employment Practices

## Wrongful Act Liability

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1. In the past three years, have you had or do you presently have any employment-related disputes including but not limited to complaints, charges, arbitrations, litigation, human rights complaints or other administrative proceedings or negotiated settlements, concerning issues related to hiring, termination, promotion, negligent evaluation, misrepresentation, discrimination, harassment, defamation, discipline or retaliation? YES  NO

If yes, please provide details of each such circumstance in an attachment to this form.

2. Are you aware of any facts or circumstances that may result in an employment-related claim being made against you? YES  NO

If yes, please provide details of each such fact or circumstance in an attachment to this form.

Any employment-related claims or claims that may arise from facts, incidents or circumstances that you have disclosed, or should have disclosed, will be excluded from coverage under the insurance for which this form is made.

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

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I hereby acknowledge that the information collected in the 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 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](mailto:privacy-officer@encon.ca).

### **DECLARATIONS AND SIGNATURE**

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I/We hereby declare that the above statement and particulars are true and that I/we have not suppressed or misstated any material facts.

Name of Applicant: \_\_\_\_\_

Signature (Principal/Partner or Officer): \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Broker: \_\_\_\_\_

Name of Brokerage: \_\_\_\_\_