



ENCON Group Inc.
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Claims Verification Form

Employment Practices

Wrongful Act Liability

1. In the past three (3) 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

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.

DECLARATIONS AND SIGNATURE

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: _____