



ENCON Group Inc.  
 500-1400 Blair Place  
 Ottawa, Ontario K1J 9B8  
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 www.encon.ca

# 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)

	Current Year End	Previous Year End
Assets		
Liabilities		
Revenues		
Net Income (Net Loss)		

(b) Is the organization in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? YES  NO

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(d) If the organization holds a charitable status, has the status ever been revoked or been subject to review?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

3. Number of employees: \_\_\_\_\_ Number of members: \_\_\_\_\_

4. Is the organization a licensing body for its members? YES  NO

5. Does the organization have activities outside of Canada? YES  NO
6. Does the organization 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 of the organization or any other person(s) proposed for this insurance? YES  NO
- (b) Has the organization 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 this insurance aware of any fact or circumstance involving the organization, its subsidiaries or the directors or officers or the trustees, employees, volunteers or committee members of the organization 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.

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 THIS INSURANCE HAS KNOWLEDGE NOR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE.

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

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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](mailto:privacy-officer@encon.ca).

## **DECLARATIONS AND SIGNATURE**

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The undersigned declares:

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

The undersigned agrees:

- (a) that 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 Group Inc. and, without limitation to any other remedy, ENCON Group Inc. may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage;
- (b) that should a policy be issued, this Application and its attachments shall form part of the policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Capacity (President or Executive Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization