



ENCON Group Inc.
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Renewal Application

Private Company Management Liability Insurance

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:**
1. Subject to its terms and conditions, the PrivatePlus policy includes coverage for the following classes of liability: Directors and Officers, Outside Directorship, Employment Practices and Fiduciary.
 2. All questions must be completed in their entirety.
 3. Capitalized terms used herein are defined in the policy wording.

CORPORATE INFORMATION

1. (a) Name: _____

(b) Has there been a change in the name or address, jurisdiction of incorporation or SUBSIDIARIES of the CORPORATION?
YES NO

If yes, please provide details: _____

(c) Total number of Directors and Officers (or attach a list of Directors and Officers):

Canada _____ United States _____ Other _____

OWNERSHIP INFORMATION

2. (a) Number of voting stock shareholders: _____

(b) Percentage of voting shares owned by directors and officers (directly and beneficially): _____

(c) Name and percentage of holdings of any shareholder who owns 5% or more of the voting shares (directly or beneficially):

(d) Are there any other shares convertible to voting stock? YES NO

If yes, please attach details.

(e) Is the CORPORATION or any of its SUBSIDIARIES publicly traded? YES NO

3. Is the CORPORATION currently considering or has it during the past three years been involved in:

- (a) any acquisitions, mergers, or major divestitures? YES NO
- (b) any registration for a public offering or a private placement of securities? YES NO
- (c) any change in outside auditors? YES NO

If yes to any of the above, please attach details.

GEOGRAPHIC INFORMATION

As at the date of this Application, list the following:

- | | Canada | United States | Other |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|----------------------------------------------------------|
| 4. (a) Percentage of assets of the CORPORATION in: | _____ % | _____ % | _____ % |
| (b) Percentage of shares of the CORPORATION held in: | _____ % | _____ % | _____ % |
| (c) Percentage of sales/revenue of the CORPORATION in: | _____ % | _____ % | _____ % |
| (d) Does the CORPORATION plan to expand its U.S. exposure in the next 12 months?
If yes, please attach details. | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (e) If the CORPORATION has any operations or exposures outside of Canada and the United States, please identify countries and provide details. | | | |

FINANCIAL INFORMATION

5. (a) Please complete the following table if all three criteria are met:

- Assets under \$75 million Limits of \$5 million or less Positive Net Income for past two fiscal years

If all three criteria are not met, please attach the last annual financial statements.

	Latest Month End	Latest Year End
Current Assets		
Inventory		
Total Assets		
Current Liabilities		
Long Term Debt		
Retained Earnings/Deficit		
Revenues		
Net Income (Net Loss)		

- (b) Is the CORPORATION currently or has it during the past three years been 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 CORPORATION currently or has it at any time during the past three years sought protection under the “Companies’ Creditors Arrangement Act” (Canada) or “Chapter 11” (United States) or does it anticipate seeking such protection within the next 12 months? YES NO
- (d) Is the CORPORATION currently or has it at any time during the past three years been in a material 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
- (e) Does the CORPORATION derive more than 25% of its annual revenue from one customer? YES NO

If yes to any of the above, please attach details.

EMPLOYMENT PRACTICES INFORMATION

6. Number of EMPLOYEES located in: Canada _____ United States _____ Other _____
7. Number of EMPLOYEES with total annual compensation greater than \$100,000: _____
8. (a) What is the annual turnover rate of EMPLOYEES? _____
- (b) How many employees and officers have been terminated in the past two years?
 Current Year: Voluntary Terminations _____ Involuntary Terminations _____ Layoffs _____
 Previous Year: Voluntary Terminations _____ Involuntary Terminations _____ Layoffs _____
- (c) Has the turnover rate exceeded historical levels during the past two years? YES NO
- (d) Are any layoffs or staff reductions anticipated within the next two years? YES NO
- If yes to either (c) or (d), please attach full details.
9. Does the company have:
- (a) written hiring/interviewing guidelines? YES NO
- (b) a Human Resources Department? YES NO
- If no to (b), please attach details as to how this function is handled.
10. When an EMPLOYEE is discharged:
- (a) is officer approval required? YES NO
- (b) are human resources personnel directly involved? YES NO

FIDUCIARY INFORMATION

11. (a) Please indicate the type of plans for which insurance is requested:

Type	Name of Plan(s)	Assets	Trustee	Plan Administrator

Types: DB – Defined Benefit DC – Defined Contribution W – Welfare/Trust Fund
 E – ESOP R – RRSP O – Other

- (b) Total number of participants (including retirees) enrolled in all plans: _____
- (c) Are the plans adequately funded as attested by any actuary (DB only)? YES NO
- If yes, please provide a copy of the latest actuarial report with this Application.
- (d) Are any of the plans under funded by more than 20%, or is the sponsor organization or any SUBSIDIARY delinquent in contributing to any plan? YES NO
- (e) Does the sponsor organization or any SUBSIDIARY plan on terminating, suspending, merging or dissolving any plan within the next 12 months? YES NO

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:

- (a) that he/she is duly authorized by the CORPORATION 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 person proposed for coverage to facilitate the proper and accurate completion of this Application form;
- (c) that the financial information submitted with this Application are representative of the current financial position of the CORPORATION including its SUBSIDIARIES (if not, please attach details).

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 and, without limitation to any other remedy, ENCON 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 (Chairman of the Board or President)

Date

Company

ADDITIONAL INFORMATION REQUIRED

Please submit the following information to complete your submission:

- (a) latest annual financial statements, if the assets are above \$75 million or limit requested is above \$5 million or the CORPORATION had negative net income in either of the past two fiscal years;
- (b) latest actuarial report for any defined benefit plans.