



ENCON Group Inc.  
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Ottawa, Ontario K1J 9B8  
Telephone 613-786-2000  
Facsimile 613-786-2001  
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www.encon.ca

# Application

## Errors and Omissions Insurance for Associations

**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): \_\_\_\_\_

### THE APPLICANT

1. Name of the Association (Applicant): \_\_\_\_\_

\_\_\_\_\_

If more than one legal entity, please indicate the relationship between each: \_\_\_\_\_

\_\_\_\_\_

(Please note that an insurance policy cannot be shared unless there is a financial interest.)

2. Website Address (if applicable): \_\_\_\_\_

3. Address: \_\_\_\_\_

\_\_\_\_\_

4. Location of Branch Offices: \_\_\_\_\_

5. Please provide complete description of the Association (please include a brochure or pamphlet and bylaws):

\_\_\_\_\_

6. Describe all services performed by members of the Association: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. To whom do the Association's members provide services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Explain fully the educational requirements for the Association's members: \_\_\_\_\_

9. Are there any specific prerequisites for Association eligibility? YES  NO

If so please provide details: \_\_\_\_\_

10. Is any legislation currently in force governing practice of the Association's members? YES  NO   
(If yes, please attach copy of relevant extracts.)

11. Number of members in the Association: \_\_\_\_\_

12. What is the potential number of participants in an insurance program? \_\_\_\_\_

13. Would participation in the ENCON insurance program be compulsory? YES  NO

14. Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada?  
YES  NO

If yes, please provide full details for our review and acceptance and indicate the services provided as well as the location and the gross annual fees or income from the past year and anticipated for the next year.

**INSURANCE COVERAGE - If you are renewing your policy with ENCON, do not complete this section.**

15. (a) Has the Applicant ever previously purchased professional or errors and omissions liability insurance? YES  NO

(b) If yes, please give the following details for the last three years:

Insurer	Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis: \_\_\_\_\_

If claims-made, what was the retroactive date of the policy (dd/mm/yy)? \_\_\_\_\_

16. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES  NO

If yes, please attach details.

**LOSS EXPERIENCE - If you are renewing your policy with ENCON, do not complete this section.**

17. (a) In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES  NO

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES  NO

If yes, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR

ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

## **LIMITS REQUESTED**

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18. Per claim: \_\_\_\_\_ Per policy period: \_\_\_\_\_ Deductible: \_\_\_\_\_

Please note that the proposed insurance will be effective at a date determined by the insurers.

## **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 Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date