



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

Application

Errors and Omissions Insurance for Chartered Accountants

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): _____

Please answer all questions and leave no blank spaces. If the space provided is insufficient to answer any question fully, kindly append a separate sheet.

THE APPLICANT

1. (a) Name of Firm, Partnership, LLP or INC. that offers public accounting services:

(b) Name of Firm, Partnership, LLP or INC. that does not offer public accounting services but that offers other services to the public in the practice of its profession:

(c) Partnerships or corporations that simply hold shares or stocks in a Partnership, LLP, INC. or a publicly held company to which they offer their professional services:

2. Website Address (if applicable): _____

3. Address: _____

4. Location of Branch Offices: _____

5. Date operations began: _____

6. Proprietor, Partners and Officers:

Name	Qualification	Date Qualified
_____	_____	_____
_____	_____	_____
_____	_____	_____

If necessary, please use a separate sheet.

7. Staff

- (a) Total number of proprietors, partners and officers _____
 - (b) Number of other chartered accountants employed _____
 - (c) Number of students _____
 - (d) Number of other staff (Other staff includes accountants, typists, clerks, etc. engaged in client work but excludes telephone operators, janitors, caterers, chauffeurs, internal accounting and administration personnel.) _____
- Total _____

8. Predecessor Firms

List all former names, firms, practices purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability and requires coverage.

Name of Firm	Date Established	Date Ceased to Operate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Has the Applicant or any other person included in Question 6 ever been investigated by or suspended from practice by any governing body of his/her profession? YES NO

If yes, please attach details.

10. During the past five (5) years, please indicate the date(s) the Applicant has been subject to a practice review by a Provincial Institute of Chartered Accountants:

Never Reviewed	Date	Date	Date	Date
<input type="checkbox"/>	_____	_____	_____	_____

Result/Conclusion of last review: _____

11. (a) Please indicate the Applicant's gross annual fees or income:

- (i) Previous Year: \$ _____
- (ii) Anticipated for Next Year: \$ _____

(b) Last Fiscal Year
 Largest client \$ _____
 Percentage to 11 (a) above _____ %
 If over 50%, state client and services performed.
 Second largest client/group \$ _____
 Approximate number of clients _____

12. 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.

13. Please provide a breakdown of the Applicant's fees by category of services:

Type of Service	% (total must be 100%)
audit engagements (auditor's reports) for publicly held companies (Please attach a specimen copy of form and disclaimer.)	
audit engagements for all others	
review engagements and financial statements	
non-review preparation of financial statements	
tax return preparation: for corporations	
for individuals	
tax and estate planning	
bookkeeping	
receivership or trustee in bankruptcy	
consulting in management, reorganization of business	
investment consulting	
financial consulting, seeking of venture capital	
business evaluation, including consulting in the buying and selling of businesses	
computer consulting	
property management for others	
direct business management for others (please specify from whom mandate was received, length of mandate and name of business managed)	
trust fund management (specify)	
other services (specify)	

14. Is part of the Applicant's work sub-contracted? YES NO

If yes, describe the type of work and give the annual income for the last fiscal year: _____

15. Other Services and Relationships

- (a) Does the Applicant accept remuneration (i.e. finders' fees, commissions) from sources other than the client in respect to goods or services sold to his/her clients? YES NO
- (b) Does the Applicant enter into "Joint Ventures" with clients? YES NO
- (c) Does the Applicant enter into "Joint Ventures" with other accounting firms? YES NO
- (d) Does the Applicant have affiliation/associations with other Canadian or international accounting firms? YES NO
- (e) Does the Applicant have a financial interest in any client? YES NO
- (f) Do any clients have a financial interest in the Applicant's firm? YES NO
- (g) Does the Applicant refer clients to each other? YES NO
- (h) Does the Applicant provide professional services to any outside firm or company:
 - (i) in which they or their spouse have an ownership interest? YES NO
 - (ii) by which they are employed? YES NO
- (i) Does the Applicant provide consulting services to companies that they also audit? YES NO

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

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

- 16. (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)? _____

- 17. 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.

- 18. (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 complete Appendix "A".

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

19. 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

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 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

