



ENCON Group Inc.  
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# Application

## Fiduciary 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): \_\_\_\_\_

### SPONSOR ORGANIZATION

1. (a) Name: \_\_\_\_\_

(b) Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

(c) Date of incorporation: \_\_\_\_\_

(d) Incorporated under the laws of: \_\_\_\_\_ Date: \_\_\_\_\_

(e) Nature of business: \_\_\_\_\_

### BENEFIT PLAN(S)

2. (a) Name: \_\_\_\_\_

(b) Number of participants: \_\_\_\_\_

(c) Year plan established: \_\_\_\_\_

(d) Total plan assets: \_\_\_\_\_

(e) Plan administrator: \_\_\_\_\_

(f) Investment manager: \_\_\_\_\_

(g) Is the plan adequately funded as attested to by any actuary? YES  NO

If yes, please attach the actuarial report. If no, please attach details.

(h) Is this the only plan for which Fiduciary Liability coverage is being sought? YES  NO

If no, please attach as a schedule to this Application the above information for each plan.

## PAST EVENTS

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3. (a) Has any INSURED for which this coverage is being sought been involved in a CLAIM which would fall within the scope of coverage of a Fiduciary Liability policy? YES  NO

If yes, attach details.

- (b) Has any similar insurance on behalf of the INSUREDS been declined, cancelled or non-renewed? YES  NO

If yes, attach details.

- (c) Have the INSUREDS previously carried Fiduciary Liability insurance? YES  NO

If no, proceed to question 6.

## CURRENT AND PREVIOUS FIDUCIARY LIABILITY INSURANCE

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4. (a) Have any CLAIMS or circumstances which might give rise to a CLAIM been reported to the current or previous Fiduciary Liability Insurance carrier(s)? YES  NO

- (b) List the three most recent Fiduciary Liability insurance policies carried:

Insurer(s)	Expiration Date	Limit	Retention	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- (c) If the INSUREDS have a Fiduciary Liability insurance policy in force, is continuity with such insurance requested? YES  NO

If no, proceed to question 6.

## CONTINUITY OF COVERAGE

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5. If you are applying for continuity with the Fiduciary Liability insurance policy in force, please attach the following:

- (a) complete copy of your current Fiduciary Liability insurance policy including application and endorsements attached thereto;
- (b) complete copy of the application forming part of your earliest Fiduciary Liability insurance policy with which coverage has been maintained on an uninterrupted basis.

It is understood that, should your request for continuity be declined, the insurer will require that question 6 be completed.

**\*\*NOTE:** Notwithstanding the granting of continuity, coverage will be provided on a claims-made basis and, therefore, any CLAIMS presented after the inception date will be governed by the terms and conditions in force at that time.

## PRIOR KNOWLEDGE

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6. (a) Are there now pending any CLAIM(S) against any INSURED? YES  NO

If yes, attach details.

- (b) Does any INSURED PERSON have knowledge or information of any fact or circumstance which might give rise to a CLAIM? YES  NO

THE UNDERSIGNED DECLARES THAT REASONABLE STEPS HAVE BEEN TAKEN TO ASSURE THE RESPONSES GIVEN ABOVE ARE ACCURATE

WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY INSURED HAS KNOWLEDGE NOR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY INSURED HAS KNOWLEDGE.

## **ADDITIONAL INFORMATION REQUIRED**

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Please attach a copy of the following documents which will form part of this Application:

- (a) a copy of the most recent financial statements;
- (b) a list of the proposed INSURED PERSONS.

## **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, on behalf of the INSUREDS, declares that, to the best of his/her knowledge and belief, the statements set forth herein are true.

The undersigned agrees that, if any significant change in the conditions described in this Application form is discovered between the date of this Application form and the effective date of the policy, which renders this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to ENCON Group Inc. The undersigned further agrees that, should a policy be issued, this Application and its attachments shall form part of the policy.

\_\_\_\_\_  
Signature of Authorized INSURED

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company