



ENCON Group Inc.
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Application

Non-Profit Entity Directors and Officers and Errors and Omissions 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: All questions must be completed in their entirety and the information requested in the "Attachments" section must be submitted with this Application.

GENERAL INFORMATION

1. (a) ENTITY Name: _____
- (b) Address: _____

- (c) Location of Branch Offices: _____
- (d) Describe the organization's legal structure (corporation, association, foundation, professional, trade, service, etc.), purpose(s) and the nature of operations: _____

- (e) Incorporated under the laws of: _____ Date: _____

FINANCIAL

2. (a) 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
- (b) 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 twelve months? YES NO

If yes to (a) or (b), attach details.

(c) For the current year, indicate:

(i) Estimated revenues: \$ _____

(ii) Estimated surplus or (deficit): \$ _____

OPERATIONAL ACTIVITIES

3. Please provide a complete description of the organization's activities and provide definitions for uncommon terms.

4. To whom does the organization provide services: _____

5. (a) Does the organization provide services or perform activities 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.

(b) Please provide a breakdown of the organization's fees by category of services:

Type of Service	% (total must be 100%)
_____	_____
_____	_____
_____	_____

6. (a) Please indicate areas of concern which prompted the need for errors and omissions protection: _____

(b) What safeguards or procedures does the organization employ to avoid such losses? _____

7. (a) Please indicate the total number of staff:

Professionals _____ Clerical _____ Volunteers _____ Other (specify) _____

(b) Complete the following for any person performing professional activities.

Name	Duties	Education	Years of Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Does the organization or any person(s) proposed for this insurance perform the following (if yes, please explain):

(a) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? YES NO

(b) Publish any magazines, periodicals or newsletters? (If yes, attach a copy.) YES NO

(c) Engage in activities such as lobbying or labour negotiations? YES NO

**IF THIS RISK INVOLVES OVERNIGHT ACCOMMODATION,
PLEASE COMPLETE THE FOLLOWING:**

9. Describe your facility: _____

10. (a) Number of beds (if applicable): _____

(b) Describe type of patients: Chronic/Long-term Autonomous Physically or mentally challenged

11. List the name and discipline of every physician, surgeon and dentist working at the health facility and state the name of the professional liability insurer of each.

N.B.: PLEASE NOTE THAT THIS PROPOSED ERRORS AND OMISSIONS LIABILITY INSURANCE EXCLUDES THE SERVICES OF PHYSICIANS, SURGEONS AND DENTISTS WHEN THEY CARRY OUT OR NEGLECT TO CARRY OUT AN ACT IN THE PRACTICE OF THEIR PROFESSION.

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

12. (a) Has any similar insurance to that proposed herein been declined, cancelled or renewal thereof refused? YES NO

If yes, attach details.

(b) Previous Directors and Officers Liability Insurance:

Insurer(s)	Period	Limit	Retention	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(c) Previous Errors and Omissions Liability Insurance:

Insurer(s)	Period	Limit	Retention	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

13. (a) Has any claim been made or is any claim now pending against any Director or Officer, 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, the Directors or Officers, 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

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.

ATTACHMENTS

14. Please submit one copy of each of the following documents which will be considered to be part of this Application:
- (a) latest annual report including financial statements (preferably audited);
 - (b) résumés of persons performing professional activities [listed in Question 7(b)];
 - (c) brochures and/or promotional literature;
 - (d) copy of the organization's by-laws and constitution;
 - (e) complete list of subsidiaries (any corporation of which the organization owns more than fifty per cent (50%) of the voting stock) and indicate if any operate for profit;
 - (f) complete list of duly elected or appointed Directors/Trustees and Officers of the organization;
 - (g) complete list of committees responsible to the Board of Directors and a brief description of each committee's functions.

NOTE: With respect to (e), (f) and (g) above, notwithstanding the content of the lists submitted and subject to the terms and conditions of the proposed insurance, coverage will only be afforded to those companies and individuals that fit within the applicable policy definitions.

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:

- that he/she is duly authorized to complete this Application and that the statements set forth herein are true and complete;
- 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;
- that the financial statements submitted with this Application are representative of the current financial position of the organization (if not, attach details).

The undersigned agrees:

- 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;
- that should a policy be issued, this Application and its attachments shall form part of the policy.

Signature

Capacity (President or Executive Director)

Date