



Application

Directors and Officers Liability Insurance and Optional Errors and Omissions Insurance Program for the Scholarly Associations and Affiliate Members of the Federation for the Humanities and Social Sciences

NOTE: All questions must be completed in their entirety.

1. (a) Name and Address: _____

- (b) Place of Incorporation: _____ (c) Date of Incorporation: _____
- (d) Contact information for insurance purposes:
 Name: _____
 Phone Number: _____
 Email Address: _____
- (e) Limit Requested:

Directors and Officers Liability Insurance		OR	Combined Directors and Officers Liability Insurance and Errors and Omissions Insurance (shared limit)	
Limit	Premium		Limit	Premium
<input type="checkbox"/> \$500,000	\$325		<input type="checkbox"/> \$500,000	\$650
<input type="checkbox"/> \$1,000,000	\$450		<input type="checkbox"/> \$1,000,000	\$900
<input type="checkbox"/> \$2,000,000	\$585		<input type="checkbox"/> \$2,000,000	\$1,170
<input type="checkbox"/> \$3,000,000	\$700		<input type="checkbox"/> \$3,000,000	\$1,400
<input type="checkbox"/> \$4,000,000	\$810		<input type="checkbox"/> \$4,000,000	\$1,620
<input type="checkbox"/> \$5,000,000	\$900		<input type="checkbox"/> \$5,000,000	\$1,800

2. (a)

	Current Year End	Previous Year End
Assets		
Liabilities		
Revenues		
Net Income (Net Loss)		

- (b) 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

(c) 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 12 months? YES NO

(d) If the organization holds a charitable status, has the status ever been revoked or been subject to review? YES NO

3. Number of employees: _____ Number of members: _____

4. Is the organization a licensing body for its members? YES NO

5. Does the organization have activities outside of Canada? YES NO

6. Does the organization sponsor a pension plan(s)? YES NO

7. Current or previous Directors and Officers insurance:

Insurer	Expiration Date	Limit	Retention	Premium
_____	_____	_____	_____	_____

8. (a) Has any claim been made or is any claim now pending against any director or officer of 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 or the directors or officers or the 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

If yes to any of the above questions, please provide details.

Please complete this section if you are purchasing the combined Directors and Officers Liability and Errors and Omissions Insurance.

9. Name of all publications (PLEASE ENCLOSE COPIES OF RECENT PUBLICATIONS):

Name	Approximate Circulation	Publication Schedule			
		Daily	Weekly	Monthly	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. Approximate percentage of types of material published and distributed:

Material Published	Percentage	Material Published	Percentage
Fiction	_____	Non-Fiction	_____
Newspapers	_____	Textbooks or Technical Publications	_____
Magazines	_____	Periodicals	_____
Catalogues	_____	Other	_____
Journals	_____		

TOTAL 100%

11. 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

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.

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 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 and every person proposed for this insurance to facilitate the proper and accurate completion of this Application form;
- (c) that the financial information submitted representative of the current financial position of the organization.

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 Group Inc. and, without limitation to any other remedy, ENCON Group Inc. 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 (President or Executive Director)

Date

Organization

Please return completed application to:

Serge Paquette
Risk Balance Inc.
307C Richmond Road, Suite 200
Ottawa, Ontario K1Z 6X3
Telephone 613-225-3515, ext. 244
Toll Free 866-931-8003
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