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:

<table>
<thead>
<tr>
<th>Directors and Officers Liability Insurance</th>
<th>OR</th>
<th>Combined Directors and Officers Liability Insurance and Errors and Omissions Insurance (shared limit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit</td>
<td>Premium</td>
<td>Limit</td>
</tr>
<tr>
<td>$500,000</td>
<td>$325</td>
<td>$500,000</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>$450</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>$5,000,000</td>
<td>$900</td>
<td>$5,000,000</td>
</tr>
</tbody>
</table>

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(d) If the organization holds a charitable status, has the status ever been revoked or been subject to review?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  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
spaquette@riskbalance.com