



ENCON Group Inc.
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Renewal Application

Directors & Officers Liability Insurance (Non-Profit Entity)

NOTE: All questions must be completed in their entirety.

1. Name: _____
2. Expiry Date: _____
3. (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 twelve months 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.

4. Has there been in the past twelve months or is it anticipated there will be in the next twelve months any changes in the following:

(a) Address?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(b) Basis of funding?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(c) Operations/Services of the organization?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(d) Subsidiaries?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(e) Directors and Officers?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes to any of the above, attach details.

ATTACHMENTS

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 audited financial statements;
- (b) latest interim financial statement available;
- (c) complete list of duly elected or appointed Directors/Trustees and Officers of the organization.

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 to the best of his/her knowledge and belief, the statements set forth herein are true and complete;
- (b) 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:

- (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 (President or Executive Director)

Date