



The ENCON Group
 ENCON Insurance Managers Inc.
 Suite 700, 350 Albert Street
 Ottawa, Ontario K1R 1A4
 Telephone: 613-786-2000
 Facsimile: 613-786-2001
 Toll Free: 1-800-267-6684

NON-PROFIT ORGANIZATION DIRECTORS' AND OFFICERS' LIABILITY

1. Name: _____
 2. Address: _____
 3. Attach a list of all directors and officers (see page 2).
 4. For the last fiscal year-end, indicate:

	(a) Total Revenue: \$ _____
	(b) Surplus or (deficit): \$ _____
 5. Has any similar insurance to that proposed herein, on behalf of the organization, been declined, cancelled or renewed? YES NO
 If yes, give date(s) and attach details.
 6. (a) Has any claim or suit been made or is any claim now pending against the organization or any other person(s) proposed for this insurance? YES NO
 - (b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? YES NO
 - (c) 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
 - (d) Is the undersigned or any other person(s) proposed for this insurance aware of any fact or circumstance involving the organization, the directors or officers of the organization which he/she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? YES NO
- if yes to the above, attach details.

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.

The undersigned authorized officer of the organization, on behalf of the organization and all person(s) proposed for this insurance, declares that to the best of his/her knowledge and belief, the statements set forth herein are true and correct and 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. The undersigned further agrees that if any significant change in the condition of the applicant is discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported in writing to ENCON INSURANCE MANAGERS INC. immediately. Although the signing of this application form does not bind the undersigned on behalf of the organization or any person(s) proposed for this insurance, to effect insurance, the undersigned, on behalf of those person(s) proposed for this insurance and organization, agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

 (Signature of the President or Executive Officer) _____ Date

