



ENCON Group Inc.
500-1400 Blair Place
Ottawa, Ontario K1J 9B8
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.encon.ca

Application

Errors and Omissions 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):

THE APPLICANT

1. Name of Firm: CAPS Foundation

If more than one legal entity, please indicate the relationship between each (please note that an insurance policy cannot be shared unless there is a financial interest):

2. Website Address (if applicable): www.capsfoundation.com

3. Address: 1370 Don Mills Rd. Suite 300 Toronto, Ontario M3B 3N7

4. Location of Branch Offices: 85 rue Morley Hill, Kirkland, QC H9J 2S7

5. Date operations began: December 5, 2017

6. Please provide a complete description of the Applicant's activities and attach any brochures and/or promotional literature:

The Canadian Association of Professional Speakers (CAPS) Foundation is a corporation incorporated under the Canada Not-for-Profit Corporations Act. The business and affairs of the Foundation shall be managed by its Board of Directors on behalf of the membership of the corporation of the Canadian Association of Professional Speakers.

The CAPS Foundation is organized exclusively to support and benefit professional members in need as well as others who, from time to time, may be identified by the CAPS Foundation Board of Directors. It shall solicit and collect voluntary contributions from members of CAPS, non-member individuals, as well as external organizations. Such contributed funds shall be held, invested, reinvested and disbursed at the discretion of the Foundation's Board of Directors.

7. (a) Please indicate the Applicant's gross annual revenue:

Previous Year: \$25,000.00

Anticipated: \$25,000.00

(b) Does the Applicant provide services or perform activities outside Canada or for clients who are 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.

- (c) Please provide a breakdown of the Applicant's fees by category of services:

Type of Service % (total must be 100%)

8. To whom does the Applicant provide services: The CAPS Association Membership

9. (a) Please indicate areas of concern which prompted the need for insurance protection:

Peer Support Program and Professional Member's Benefit Fund

- (b) What safeguards or procedures does the Applicant employ to avoid such losses?

We provide disclaimers on our website when using our support services. We provide eligibility criteria when applying for a grant.

10. (a) Complete the following and attach résumés for any person performing activities mentioned in question 6:

| Name | Duties/Title | Education | Years of Exp. |
|------|--------------|-----------|---------------|
|------|--------------|-----------|---------------|

- (b) Additional employees to those listed in 10(a) in the following categories:

Clerical Others (specify)

11. Does the Applicant belong to any related association? YES NO

If yes, list such associations: Canadian Association of Professional Speakers

12. Has the Applicant ever been investigated by or suspended from practice by any governing body of his/her profession? YES NO

If yes, please provide details.

13. Is any legislation currently in force governing the practice of the Applicant? YES NO

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

14. (a) Has the Applicant ever previously purchased professional liability or errors and omissions insurance? YES NO

- (b) If yes, please give the following details for the last three years:

| Insurer | Period | Expiring Premium | Limit | Deductible |
|---------|--------|------------------|-------|------------|
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis:

If claims-made, what was the retroactive date of the policy (dd/mm/yy)?

15. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO

If yes, please attach details.

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

16. (a) 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

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES NO

If yes, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

LIMITS REQUESTED

17. Per claim: Per policy period: Deductible:

Please note that the proposed insurance will be effective at a date determined by the insurers.

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 Applicant 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 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 immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant 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 become part of the policy.

Lorne Kelton
Name of Applicant



Signature of Applicant

March 30, 2018
Date

NOTE: Did you remember to include:
(a) résumés of persons performing professional activities mentioned in question 6;
(b) brochures and/or promotional literature.