



**Please forward application to:**  
 LMS PROLINK Ltd.  
 800-480 University Avenue  
 Toronto, Ontario M5G 1V2  
 Telephone 800-663-6828  
 Facsimile 416-595-1649

# Application

## Errors and Omissions and Commercial General Liability Insurance for Members of The Vocational Rehabilitation Association of Canada (Ontario Society)

### THE APPLICANT

1. Name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

2. Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. (a) Please indicate the total number of employees:  
 Professional \_\_\_\_\_ Clerical \_\_\_\_\_ Other (specify) \_\_\_\_\_

(b) Complete the following for any person performing professional activities.

Name	Duties	Education	Years of Exp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### COMMERCIAL GENERAL LIABILITY

4. Form of Business:     Individual     Partnership or Joint Venture     Corporation or Other Organization

5. List all locations at which business is conducted, providing details indicated below.

Location/Address	Occupancy	Square Metres	Owned or Leased?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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6. (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.

**COVERAGE REQUESTED**

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7. Errors and Omissions  \$2,000,000  
 \$3,000,000

8. Commercial General Liability  \$2,000,000  
 \$3,000,000

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**

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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](mailto:privacy-officer@encon.ca).

**DECLARATIONS AND SIGNATURE**

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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.

It is also agreed that should a policy be issued, it is understood that eligibility for this program is contingent upon membership in good standing in The Vocational Rehabilitation Association of Canada (Ontario Society).

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Signature of Applicant

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Date