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Application

Errors and Omissions Insurance with Commercial General Liability Option for Certified Inspectors of the Canadian Welding Association

1. Individual and Operating Name: _____

2. Address: _____
3. Telephone: _____ Facsimile: _____
 Internet Address: _____ Email Address: _____
4. Is the Applicant a member in good standing? YES NO
5. Is the Applicant Certified by the CWB and/or NRCan? YES NO
6. Number of employees certified: _____
- 7 (a) Please indicate the Applicant's gross annual revenue:
 Previous Year: \$ _____ Anticipated: \$ _____
 Revenues in excess of \$150,000, refer for rating.
- (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.
8. Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information of:
 - (a) any alleged error, omission or negligent act which might reasonably give rise to a claim against them? YES NO
 - (b) any claim made or threatened to be made against them the last five years? YES NO
 - (c) any unresolved job dispute or circumstance which might reasonably result in a claim? YES NO
 - (d) having been called upon to make any payment or to forego any claim for fees as a result of any job dispute during the past five years? YES NO

In the event that the answer yes is given to any of the above questions, full details of the circumstances must be provided on a separate sheet.
9. Has the Applicant ever previously purchased professional liability or errors and omissions insurance? YES NO
 Has the Applicant ever previously purchased commercial general liability insurance? YES NO

If the answer is yes, please provide details on a separate sheet.

10. Please indicate the limit required:

Errors and Omissions (Deductible \$1,000)	Premium
<input type="checkbox"/> \$1,000,000 per claim/\$1,000,000 annual aggregate	\$600
<input type="checkbox"/> \$1,000,000 per claim/\$2,000,000 annual aggregate	\$700
<input type="checkbox"/> \$2,000,000 per claim/\$2,000,000 annual aggregate	\$800
Commercial General Liability (Deductible \$1,000)	Premium
<input type="checkbox"/> \$1,000,000 per claim/\$1,000,000 annual aggregate	\$600
<input type="checkbox"/> \$2,000,000 per claim/\$2,000,000 annual aggregate	\$700

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.

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.

It is also agreed that should a policy be issued, then the inclusion of more than one INSURED under a policy certificate will not increase the INSURER'S limit of liability. It is also understood that eligibility for this program is contingent upon membership, in good standing, in the Canadian Welding Association.

Signature of Member

For and on behalf of: _____

Date