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**APPLICATION  
ERRORS & OMISSIONS INSURANCE**

**FOR MEMBERS OF  
THE PROFESSIONAL ASSOCIATION OF CANADIAN CHRISTIAN COUNSELLORS**

**NEW - APPLICATION FORM**

1. Name of Applicant \_\_\_\_\_
  2. Address \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_
  3. (a) In the past, has the Applicant ever been the recipient of any allegations of professional negligence in writing or verbally? **YES**  **NO**
  - (b) Is the Applicant 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.**
4. Do you work with any other professionals in your practice? If yes, are they also members of the Association? If yes, please provide their names.  
\_\_\_\_\_  
\_\_\_\_\_

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.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Authorized Broker: Ruban Insurance Brokers Inc.**