



**Please forward application to:**  
 The Mitchell & Abbott Group  
 Insurance Brokers Limited  
 101-2000 Garth Street  
 Hamilton, Ontario L9B 0C1  
 Telephone 905-385-6383  
 Facsimile 905-574-1211

# Application

## Errors and Omissions Insurance for Members of the Canadian Sport Psychology Association

### THE APPLICANT

1. Name of Applicant (individual): \_\_\_\_\_  
 \_\_\_\_\_
2. Are you a member in good standing? YES  NO
3. Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_
4. 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   
 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 AND PREMIUM

5. \$2,000,000 per claim/\$2,000,000 annual aggregate \$450 Annual

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

6. (a) Has the Applicant ever previously purchased professional or errors and omissions liability 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)? \_\_\_\_\_

7. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused?

YES  NO

If yes, please attach details.

**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](mailto: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, it is understood that eligibility for this program is contingent upon membership in good standing in the Canadian Sport Psychology Association.

\_\_\_\_\_  
Name of Applicant (please print)

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

\_\_\_\_\_  
Date

Cheque       Visa Only

Payment enclosed?       YES

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Card Expiry Date

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Cardholder Name

**Mail application to:** The Mitchell & Abbott Group Insurance Brokers Limited  
101-2000 Garth Street  
Hamilton, Ontario L9B 0C1

**Plan Administrator:** Brad Ackles, B.A., Vice-President, Telephone: 905-385-6383, ext. 231  
Josie Makinson, Telephone: 905-385-6383, ext. 206  
Toll Free: 800-461-9462  
Facsimile: 905-574-1211  
Email: [backles@mitchellabbottgrp.com](mailto:backles@mitchellabbottgrp.com) or  
[jmakinson@mitchellabbottgrp.com](mailto:jmakinson@mitchellabbottgrp.com)