



8. Please list all locations at which business is conducted, providing details indicated below:

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

**LIMITS REQUESTED**

9. Please indicate coverages and limits required:

<b>Option A Errors and Omissions</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>	<b>Please Specify ✓ the Limit Option Desired</b>
(\$0 deductible) Unlimited Telephone Legal Advice provided by DAS Canada at a \$15 premium (included).	\$215 <input type="checkbox"/>	\$285 <input type="checkbox"/>	This is a mandatory coverage that must be acquired by all members. This coverage must be acquired to be eligible for Option B.

<b>Option B Commercial General Liability</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>	<b>\$3,000,000</b>	<b>\$5,000,000</b>
(\$1,000 deductible)	\$125 <input type="checkbox"/>	\$175 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$280 <input type="checkbox"/>

**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 their 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 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 further 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 (dd/mm/yyyy)

**Please forward application to:**  
 Jason Cheung  
 Waypoint Insurance Services Inc.  
 201-3749 Shelbourne Street  
 Victoria, British Columbia V8P 5N4  
 Toll Free: 1-844-210-2953  
 Email: [CAIN@waypointinsurance.ca](mailto:CAIN@waypointinsurance.ca)