**Abuse Liability Insurance**

**Overnight Exposures – Supplemental Application**

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| **NOTES:** | All questions must be completed. This Supplemental Application is to be submitted together with the Abuse Liability Insurance Application | | | | | | |
|  | Additional Information may be requested based on your answers in this Application | | | | | | |
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| **General Information** | | | | | | | |
| Legal Name of Applicant | |  | | Key Broker Contact | |  | |
| Mailing Address | |  | | Brokerage Name | |  | |
| Postal Code | |  | | Brokerage Address | |  | |
| Email | |  | | Postal Code | |  | |
| Website | |  | | Phone and Email | |  | |
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| Provide full details of **all** overnight events or activities (if there is more than one **type** of event/activity please provide full details of each – you may need to complete a separate overnight exposure – supplemental application for each). | | | | | | | |
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| If you have indicated (above) that there are more than one type of event/activity – which does this application apply to: | | | | | | | |
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| Number of times these types of events/activities are planned this year | | | | | | | |
| Duration of event/activity (days) | | | | | | | |
| Number of Children or Vulnerable Adults attending these events | | | | | | | |
| Age(s) of Children or Vulnerable Adults attending these events | | | | | | | |
| Number of others attending these events: | | | Staff | | Volunteers | | Parents |
| Indicate travel arrangements for events (e.g., 2 adults/caregivers in a vehicle at all times, parent drop off, busing arranged etc.) | | | | | | | |
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| Sleeping arrangements: Provide full details including whether policies are in place to adhere to the 2 adult/care giver rule (2 caregivers in rooms, tents etc.) | | | | | | | |
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| **Applicant Acknowledgement** | | | |
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| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein | | | |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but it is agreed that this | | | |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. | | | |
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| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this | | | |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable | | | |
| privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance | | | |
| products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent | | | |
| fraud, analyze and audit business results and/or comply with regulatory or legal requirements. | | | |
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| **Applicant Name** |  | **Title/Position** |  |
| **Applicant Signature** |  | **Date** |  |
| **Broker Name** |  |  | |