**Abuse Liability Insurance**

**Overnight Exposures – Supplemental Application**

|  |
| --- |
|  |
| **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  |
|  |
| **General Information**  |
| Legal Name of Applicant |       | Key Broker Contact |       |
| Mailing Address |       | Brokerage Name |       |
| Postal Code |       | Brokerage Address |       |
| Email |       | Postal Code |       |
| Website  |       | Phone and Email |       |
|  |
|  |
| 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).  |
|       |
| If you have indicated (above) that there are more than one type of event/activity – which does this application apply to:  |
|       |
| 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.) |
|       |
| 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.) |
|       |
|  |

|  |
| --- |
| **Applicant Acknowledgement**  |
|  |
| 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. |
|  |
| 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. |
|  |
|  |
| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |