**Abuse Liability Insurance**

**Renewal Information– Supplemental Application**

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| **NOTES:** | All questions must be completed.  |
|  | The term "staff" as shown in this application includes volunteers, parents/students or others having access to children or vulnerable adults. |
|  | 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 |       |
|  |
| **Operations** |
| Have you discontinued any operations involving children/vulnerable adults (if 'YES' provide full details) | YES | [ ]  | NO | [ ]  |
|       |
| Have you added or changed operations involving children/vulnerable adults  | YES | [ ]  | NO | [ ]  |
| (if 'YES' to the above, a full Abuse Liability Insurance Application may be required as it relates to these operations) |
| Do operation changes or new operations involve over night exposures | YES | [ ]  | NO | [ ]  |
| (if 'YES' to the above, an Overnight Supplemental Insurance Application may be required as it relates to these operations) |
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| **Staff Management Changes:** |
| For each operation involving children or vulnerable adults (other than management) indicate: |
| 1. | Operation and Location |       |
|  | Number of Staff last term  |       | Anticipated Number of Staff this term |       |
| 2. | Operation and Location |       |
|  | Number of Staff last term  |       | Anticipated Number of Staff this term |       |
|  |
| Have there been any Staff Management Changes since last term (if 'YES' provide full details) | YES | [ ]  | NO | [ ]  |
|       |
| Are new Staff Management aware of all abuse policies/protocols/procedures including training of others | YES | [ ]  | NO | [ ]  |
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| **Policies/Procedures**  |
| \*Have any of the following policies/procedures been updated or changed: **(check all that have been changed or updated):**  |
|  | Physical Abuse | [ ]  | Sexual Abuse | [ ]  | Emotional Abuse | [ ]  | Verbal Abuse | [ ]  |
|  | Psychological Abuse | [ ]  | Neglect | [ ]  | Harassment  | [ ]  | Other |       |
| **\*Submit all policies/procedures that have been changed or updated for review.**  |  |  |  |  |
| Have you provided any additional training to staff on abuse over the past year (provide details) | YES | [ ]  | NO | [ ]  |
|       |
| **Incidents – Not Reported (if 'YES' is selected, provide full details)** |  |  |  |  |
| Do you have knowledge of any fact, circumstance or situation that might give rise to a claim/allegation  | YES | [ ]  | NO | [ ]  |
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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** |       |  |