**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) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **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 |  |
|  | | | | | | | | | | | | | | | | | | | |
| **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. | | | |
|  | | | |
| 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** |  |  | |