

## Abuse Liability Insurance Application

All questions must be completed, and all policies and procedures must be submitted with this application. Additional information may be requested based on your answers in this application. **\*Overnight exposures require supplemental information.**

### SECTION 1: General Information

Legal Name of Applicant			
Key Contact		Position	
Mailing Address			Postal Code
Phone		Fax	
Email		Website	
Key Broker Contact			
Brokerage Name			
Brokerage Address			Postal Code
Phone			
Email			

Limit of Insurance Requested: \_\_\_\_\_ Retroactive Date Required: \_\_\_\_\_  
(dd/mm/yyyy)

### SECTION 2: Activities and Operations

Please check all activities and operations that apply involving children and vulnerable adults. Provide additional activities and operation if not listed. For overnight exposures supplemental information is required.

Children and Vulnerable Adult Activities and Operations	<input type="checkbox"/> Camps <input type="checkbox"/> Children Aids Societies <input type="checkbox"/> Daycares <input type="checkbox"/> Disability support <input type="checkbox"/> Eldercare <input type="checkbox"/> Foster Care <input type="checkbox"/> Homecare <input type="checkbox"/> Parks and Recreation Activities <input type="checkbox"/> Residential homes <input type="checkbox"/> Schools <input type="checkbox"/> Other (please list and describe below)
If other, please provide list.	

### SECTION 3: Abuse Questions

The following questions relate to your organization's Policies and Procedures that are applicable to all employees and volunteers (including students).

1. Are you aware of and in compliance with obligations under law with respect to abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do your policies address (check all that apply):		
Physical Abuse <input type="checkbox"/>	Sexual Abuse <input type="checkbox"/>	Emotional Abuse <input type="checkbox"/>
Psychological Abuse <input type="checkbox"/>	Neglect <input type="checkbox"/>	Harassment <input type="checkbox"/>
		Verbal Abuse <input type="checkbox"/>
		Other <input type="checkbox"/>
3. Are written policies in place for screening and performing background checks for those working with vulnerable persons (including children)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Are police and abuse registry checks completed for those working with vulnerable persons (including children)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. After hire how often is this repeated?		
6. Length of time documentation is maintained for above?		
7. Do policies outline the organization's stance/tolerance on abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. a) Do your policies and procedures apply to (check all that apply):		
Employees <input type="checkbox"/>	Volunteers <input type="checkbox"/>	NO <input type="checkbox"/>
8. b) If no, please explain.		
9. Are all employees and volunteers required to acknowledge their understanding of these policies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. After hire, how often are employees asked to acknowledge their understanding?		
11. Do volunteers work with vulnerable people including children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Please confirm number of volunteers.		
13. After hire, how often are volunteers asked to acknowledge their understanding?		
14. Do policies include awareness on how to recognize the signs of abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Are policies for suspected, alleged and reported abuse acts in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Are policies in place for investigative and disciplinary procedures for suspected, alleged or reported abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. a) Are your policies and procedures applicable to all operations.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. b) If no, please explain.		
18. a) Do your policies and procedures include the Two-Adult (Caregiver) Rule?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. b) If yes, in what circumstances/operations are they implemented?		
19. Have your facility(ies) been designed to prevent abuse with respect to vulnerable persons including children? E.g., windows in appropriate rooms to prevent abuse, storage areas are designed so that door hardware is operable from both sides to prevent someone from being locked inside, rooms and hallways are well lit and easy to supervise.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

#### SECTION 4: Abuse Coverage and Claims History (if 'YES' is selected, provide full details)

The following questions relate to your organization's abuse coverage and claims history.

1. a) Do you have knowledge of any fact, circumstance or situation that might give rise to a claim or allegation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. b) If yes, provide details.		
3. a) Have you had abuse insurance declined, non-renewed or cancelled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. b) If yes, please explain.		
4. a) Do you currently have insurance for abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) If yes, provide limits and type of coverage below (e.g., Claims Made Policy or Occurrence Policy).	\$	

#### Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of their 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	_____		(dd/mm/yyyy)
Broker Signature	_____	Date	_____
			(dd/mm/yyyy)