

Abuse Liability Insurance Application Overnight Exposures – Supplemental Application

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.

SECTION 1: General Information

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

SECTION 2: Overnight Part of Normal Operations

1. a) 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). Please include the employee to vulnerable persons/children ratio.			
<input type="checkbox"/> Group Homes	<input type="checkbox"/> Rehabilitation Centres	<input type="checkbox"/> Other (please list and describe below)	
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Detention Centres		
<input type="checkbox"/> School Residence	<input type="checkbox"/> Shelters		
1. b) If other, please list and describe.			
2. a) Does owner/employee reside in facility?			YES <input type="checkbox"/> NO <input type="checkbox"/>
2. b) If yes, please describe separation/security from operational premise.			
3. a) Are there rotational staff at facility(Foster Care excepted)?			YES <input type="checkbox"/> NO <input type="checkbox"/>
3. b) If no, please explain.			

SECTION 3: Overnight for Special Events/Activities

1. a) 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). Please include the employee to vulnerable persons/children ratio.			
<input type="checkbox"/> Camps	<input type="checkbox"/> Overnight Daycare	<input type="checkbox"/> Other (please list and describe below)	
<input type="checkbox"/> Overnight Trips			
1. b) If other, please list and describe.			
2. If you have indicated (above) that there are more than one type of event/activity – which does this application apply to (Please list all that apply).			
3. Number of times these types of event/activities are planned this year.			
4. Duration of event/activity (days).			
5. Number of children or vulnerable adults attending these events.			
6. Age(s) of children or vulnerable adults attending these events.			
7. Number of others attending these events.	Employees	Volunteers	Parents
8. Indicate travel arrangements for events (e.g., 2 adults/caregivers in a vehicle at all times, parent drop off, busing arranged etc.)			
9. a) Do you have protocols in place surrounding sleeping arrangements and staff to client ratio?*		YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. b) If no, provide additional details.			

* Submit all policies/procedures for review.

SECTION 4: Volunteers

Please provide details about your organization's volunteers including students (provide a separate sheet if required).

Overnight events volunteers are utilized at:	# of Volunteers:	Designated Person/Department responsible for volunteers and their activities:	Whether the Abuse Policies have been provided and signed by each volunteer:	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

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)