

## Abuse Liability Insurance Application Renewal Information – Supplemental Application

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.

### 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	_____		

### SECTION 2: Operations

The following questions relate to your organization's operations involving children and vulnerable adults.

1. a) Have you discontinued any operations involving children/vulnerable adults?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1. b) If yes, please provide full details.		
2. Have you added or changed operations involving children/vulnerable adults? (If 'YES', a full Abuse Liability Insurance Application may be required as it relates to these operations.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do operation changes or new operations involve overnight exposures? (If 'YES', an Overnight Supplemental Insurance Application may be required as it relates to these operations.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### SECTION 3: Staff Management Changes

The following questions relate to your organization's staff management.

1. For each operation involving children or vulnerable adults (other than management) indicate:		
Operation and Location:	_____	
Number of Staff Last Term:	_____	Anticipated Number of Staff This Term: _____
Operation and Location:	_____	
Number of Staff Last Term:	_____	Anticipated Number of Staff This Term: _____
2. a) Have there been any Staff Management Changes since last term?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. b) If yes, please provide full details.		
3. Are new Staff Management aware of all abuse policies/protocols/procedures including training of others?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**SECTION 4: Policies and Procedures**

The following questions relate to your organization's Policies and Procedures.

1. Have any of the following policies/procedures been updated or changed: (check all that have been changed or updated)*:			
Physical Abuse <input type="checkbox"/>	Sexual Abuse <input type="checkbox"/>	Emotional Abuse <input type="checkbox"/>	Verbal Abuse <input type="checkbox"/>
Psychological Abuse <input type="checkbox"/>	Neglect <input type="checkbox"/>	Harassment <input type="checkbox"/>	Other <input type="checkbox"/>
2. a) Have you provided any additional training to staff on abuse over the past year?			YES <input type="checkbox"/> NO <input type="checkbox"/>
2. b) Please provide details.			
3. a) Do volunteers work with vulnerable persons (including children)?			YES <input type="checkbox"/> NO <input type="checkbox"/>
3. b) If yes, please confirm the number of volunteers.			
4. a) Do your Abuse Policies and Procedures apply broadly to all individuals working/volunteering (including students), within your organization?			YES <input type="checkbox"/> NO <input type="checkbox"/>
4. b) If no, please explain.			

\*Submit all policies/procedures that have been changed or updated for review.

**SECTION 5: Incidents – Not Reported**

1. a) Do you have knowledge of any fact, circumstance or situation that might give rise to a claim/allegation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
1. b) If yes, please provide details.			

**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)