

**APPLICATION FOR LIMITED AND CONDITIONAL
PHYSICAL AND SEXUAL ABUSE**

- A. Please answer the following questions on behalf of your organization and fax to 905-764-9618**
- B. If the space to answer any questions fully is insufficient, please attach separate sheet.**
- C. The Application must be signed and dated by an authorized officer of your organization.**
- D. PLEASE READ THE STATEMENT AT THE END OF THE APPLICATION CAREFULLY**

1. General Information		
Full name of applicant		
Address		Postal Code
Internet Web-Site address		
Description of operations/activities and number of locations:		
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<i>Employees:</i>		
Number of full time employees _____ Number of part-time employees _____		
Number of 'Authority' figures involved with children _____ <i>(An authority figure is a person who is involved in supervising children, youth. i.e. Clergy, teachers, volunteers)</i>		
Limit of Coverage requested \$ _____		
Regardless of whether or not you had insurance, please furnish a first dollar loss history for ALL claims reported within the past five (5) years. If there have been no claims, please check: <input type="checkbox"/>		
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Does the applicant conduct any activities away from the premises (such as camps, day trips, overnight trips etc)? Yes ___ No ___ If yes, please provide full details:		
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Does the Applicant operate a day-care or day-school (other than Sunday School)? Yes ___ No ___ If yes, please provide details:		
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Are you aware of any facts, incidents or circumstances which may result in a suit being brought against you? Yes ___ No ___ If Yes, please provide a full explanation on a separate page.		

2. Hiring and Screening Procedures		
Are all volunteers / applicants required to complete a written application form?	Yes	No
Does the application contain a release of liability to be signed by applicant, authorizing the employer to conduct reference checks?	Yes	No
Are reference checks always conducted (and documented?)	Yes	No
Are personal interviews conducted by a senior staff member?	Yes	No
Are all current employees and volunteers who work with children, youth, required to produce physical evidence of a clean police background check?	Yes	No
Are all prospective employees and volunteers who work with children, youth, required to produce physical evidence of a clean police background check?	Yes	No
3. Human Resources / Supervision		
Do new employees/volunteers receive formal induction child protection training prior to engagement in their duties and are they supervised during their probationary periods?	Yes	No
Do you provide or facilitate formal training on child protection, including formal refresher courses/procedure update training based upon current 'best practice' (written protocols for all your staff?	Yes	No
How regularly are such formal training sessions held?		
Do all employees/volunteers participate in documented annual performance appraisals?	Yes	No
Do you have an internal, documented protocol on the supervision of children, youth? (Please attach a copy)	Yes	No
Do you require that there always be a minimum of two persons supervising children/youth?	Yes	No
4. Intervention and Claims Reporting		
Is there a senior person within your organization who is designated to handle incidents of alleged abuse?	Yes	No
Do you have a written procedure in place for handling incidents of unhealthy behaviour or alleged abuse?	Yes	No
Are all your personnel aware of the necessity for prompt reporting of incidents?	Yes	No
Do you have guidelines in place that require all suspected inappropriate behaviour and/or alleged incidents to be reported and followed-up on?	Yes	No
5. Record Keeping		
Do you permanently and securely keep:		
i) Employment/engagement application forms, declarations, references and identity verification for all your personnel?	Yes	No
ii) Records of police checks including reference numbers/applicants names and dates for all relevant personnel?	Yes	No
iii) Records of protection training which was provided to your personnel?	Yes	No
iv) Your accident/incident registers, records of abuse allegations, abuse occurrences, including notification to the appropriate authorities?	Yes	No
v) Referral, assessment, treatment and care plans and related correspondence, for those who are, or have been in your care?	Yes	No
vi) A record of your historical liability and/or abuse insurance policies?	Yes	No
If you have answered 'No' to any of the above questions about record keeping and wish to add any comments or expand upon record keeping issues, please do so here:		

6. Historical Experience

Have you ever received a complaint from any party about issues relevant to molestation/sexual abuse with regards to any employees or volunteers currently or previously working for your organization? Yes ___ No ___ If Yes, please provide full details:

Have you ever had any :

i) Insurance cancelled or declined ? Yes ___ No ___

ii) Renewal refused by an insurer? Yes ___ No ___

iii) Special terms or conditions imposed? Yes ___ No ___

If you have answered 'Yes' to any of the above questions, please provide details:

Regardless of whether or not you had insurance, please furnish a 'first dollar' (ie. without deductible) loss history of all claims reported within the past five years. If there have been no claims, please check

Do you currently carry insurance for Physical and Sexual Abuse? Yes ___ No ___

If yes: Name of Insurer _____

Limit of Liability _____ Policy Number _____ Occurrence or Claims-Made wording _____

Important – Please read the following carefully

The policy wording contains a 'Known Offenders' clause – this means the policy will not apply to alleged or actual Bodily Injury, directly or indirectly caused by a person of whom any member of the Named Insured having supervisory authority

- i. either knew, or
- ii. had reasonable grounds to suspect that that person
- iii. either had previously directly or indirectly caused "Physical Abuse" or "Sexual Abuse", or
- iv. was likely to directly or indirectly cause "Physical Abuse" or "Sexual Abuse".

Your signature on this application acknowledges your awareness of and agreement to this clause.

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 proposal 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.

(mm/dd/yyyy)

Date

Authorized Signature of an Officer

Title of Officer

Form 0200 Revised 12/04