

## APPLICATION FOR LIMITED ABUSE COVERAGE

**This application must be signed and dated by an authorized officer of your organization.  
 For the purpose of this application:**

"Abuse" means any act or threat involving molestation, harassment, corporal punishment or any other form of physical, sexual or mental abuse.  
 "Youth" includes children or youth under the age of 18 AND mentally or physically challenged individuals.

**ABUSE LIMIT REQUIRED    \$ \_\_\_\_\_    DEDUCTIBLE: \$ \_\_\_\_\_**

1. Name of Broker: \_\_\_\_\_

2. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Full Name of Insured: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Location Address: \_\_\_\_\_

6. Description of ALL Operations and Activities at your facility:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do you have any sports facilities? Yes    |    No  
 If yes, please list (gymnasium, playgrounds, basketball courts, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Are any activities conducted away from your premises? Yes    |    No  
 If yes, please provide full details of the operations and activities (camps, sporting activities, mission trips, canoe trips etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Do you operate a day-care, nursery school, pre-school, or day school other than Sunday School? Yes    |    No  
 If yes, provide details:  
 \_\_\_\_\_

10. Size of Premises: Acres Hectares

11. Website: \_\_\_\_\_

12. Number of full time employees: \_\_\_\_\_

13. Number of part time employees: \_\_\_\_\_

14. Number of all Employees and Volunteers (authority figures) that work with "Youth": \_\_\_\_\_

- |     |  |     |    |
|-----|--|-----|----|
| 15. | Are employees and volunteers required to complete any type of application form or agreement before working with "Youth"? If yes, please attach a copy.   | YES | NO |
| 16. | a) Do you require and document references and police background checks on all employees and volunteers involved in the leadership of "Youth"?  | YES | NO |
|     | b) Are volunteers made aware that this is a criteria and that a clean police background check is required prior to working with "Youth"?   | YES | NO |
| 17. | Is there written procedures in place dealing with appropriate and inappropriate individual contact, supervision and day to day relationships with all members, and in particular the "Youth"? Please attach a copy.      | YES | NO |
| 18. | a) Is there written procedures in place for reporting and responding to allegations or complaints of any form of Abuse?  | YES | NO |
|     | b) Do these procedures include details or a list of those in authority including a specific individual within your organization who is designated to handle incidents of alleged abuse?                                  | YES | NO |
|     | c) Are these written procedures made available to all employees and volunteers   | YES | NO |
|     | d) Are regular training sessions provided?   | YES | NO |
| 19. | Are all employees and volunteers given clear instructions and encouraged to report ANY behaviour which seem abusive or inappropriate to the pastor or the individual designated for handling incidents or alleged abuse? | YES | NO |
| 20. | a) Do you require a minimum of two persons supervising youth at all times.   | YES | NO |
|     | b) Is this rule defined in writing?  | YES | NO |
| 21. | How long are individuals required to be a member before they are permitted to work with "Youth"? <input type="checkbox"/> More than six months <input type="checkbox"/> more than one year Other: _____                  |     |    |

### PREVIOUS INCIDENTS & HISTORICAL INFORMATION

- |    |   |     |    |
|----|---|-----|----|
| 1. | Have you or any of your members or volunteers received a complaint or been advised of inappropriate or improper behaviour, particularly relating to Abuse as defined with regard to any of your employees or volunteers?  | Yes | No |
|    | If Yes, was immediate notification given to your insurance company, church attorney, proper civil authorities and/or appropriate denominational leaders if the perpetrator was a minister or other church worker?   | Yes | No |
| 2. | If you have ever had an incident which resulted in an allegation of Abuse, insured or not, please describe the allegation in full, the outcome of the claim and, if damages were awarded, the total amount paid:  |     |    |
|    | _____   |     |    |
|    | _____   |     |    |
|    | _____   |     |    |
| 3. | Please provide complete details of procedures for obtaining, recording, storing and reporting information related to Police Background Checks, References, Signed Agreements and Training, as well as documentation of all Incident Reports and complaints including details of reporting to appropriate individuals or authorities. Please attach all written procedures available for employees and volunteers including the written response plan to allegations or complaints of abuse. |     |    |
|    | _____   |     |    |
|    | _____   |     |    |
|    | _____   |     |    |

Previous Insurer: \_\_\_\_\_ Premium: \_\_\_\_\_

Previous Coverage:      None                      Occurrence                      Claims Made

Has any company declined or cancelled any coverage?                      Yes      No

If yes, please provide details: \_\_\_\_\_

Additional Comments:

**CONSENT in accordance with the Act Respecting the Protection of Personal Information**

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

**This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. The total estimated policy premium is subject to adjustment.**

| SIGNATURE OF APPLICANT | DATE | SIGNATURE OF CO APPLICANT | DATE |
|------------------------|------|---------------------------|------|
|                        |      |                           |      |

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_