

Please answer the following questions on behalf of the organization.
 The application must be signed and dated by an authorized officer of the organization.
 If the space to answer any questions fully is insufficient, please attach a separate sheet.

Please check box if separate document has been attached

GENERAL INFORMATION

Name of broker/producer	
Full legal name of the applicant	
Please describe the nature of operations, activities, and number of locations	

Risk location address (attach schedule if multiple locations)

Address			
City	Province	Postal code	

Mailing address (if different from above)

Address			
City	Province	Postal code	
Website			
Contact Name			
Title			
Telephone			
Email address			

Limit of coverage requested	\$	
-----------------------------	----	--

EMPLOYEES & OPERATIONS

Number of full-time employees	
Number of part-time employees	
Number of volunteers	
Number of "authority" figures involved with children/youth/vulnerable adults	

An authority figure is a person who is involved in supervising children, youth or vulnerable adults e.g. clergy, teachers, or volunteers.

(For faith applicants only) Does the applicant operate a faith-based youth group?	Y <input type="checkbox"/>	N <input type="checkbox"/>
---	----------------------------	----------------------------

Does the applicant operate a day-care or day school?	Y <input type="checkbox"/>	N <input type="checkbox"/>
--	----------------------------	----------------------------

If yes, please provide details		
--------------------------------	--	--

Does the applicant conduct any activities away from the premises such as camps, day trips, overnight trips etc?	Y <input type="checkbox"/>	N <input type="checkbox"/>
---	----------------------------	----------------------------

If yes, please provide details		
--------------------------------	--	--

Does the applicant conduct any other activities for children/youth/vulnerable adults?	Y <input type="checkbox"/>	N <input type="checkbox"/>
---	----------------------------	----------------------------

If yes, please provide full details		
-------------------------------------	--	--

HIRING AND SCREENING PROCEDURES

Are written application forms required for all:

Employees?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Volunteers?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Does the written application contain a release of liability to be signed by applicant, authorizing the employer to conduct reference checks?

Y N

Are reference checks always conducted and documented for all:

Employees?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Volunteers?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Are criminal background checks required for all:

Employees?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Volunteers?	Y <input type="checkbox"/>	N <input type="checkbox"/>

If yes, how frequent

If no, please explain

Are vulnerable sector screening checks required for all:

Employees?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Volunteers?	Y <input type="checkbox"/>	N <input type="checkbox"/>

If yes, how frequent

If no, please explain

Are child/youth/vulnerable adult protection procedures and protocols required to be reviewed and signed by all:

Employees?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Volunteers?	Y <input type="checkbox"/>	N <input type="checkbox"/>

HUMAN RESOURCES/SUPERVISION

Is formal child/youth/vulnerable adult protection training received prior to engagement in duties for all:

Employees	Y <input type="checkbox"/>	N <input type="checkbox"/>
Volunteers	Y <input type="checkbox"/>	N <input type="checkbox"/>

If no, please explain

Does the applicant provide formal refresher courses and procedure update training?

Y N

If yes, how frequent

Is there a program of supervision for new employees and volunteers?

Y N

Please describe

Does the applicant have a written safety and protection policy on supervision of children/youth/vulnerable adults? (Attach copy)

Y N

Does the applicant require that there be a minimum of two persons supervising children/youth/vulnerable adults?

Y N

INCIDENT AND CLAIMS REPORTING

Does the applicant have a written procedure in place for handling incidents of alleged abuse? (Attach copy)

Y N

Are all personnel aware of the necessity for prompt reporting of incidents?

Y N

Does the applicant require that all suspected inappropriate behaviour and/or alleged incidents be reported and followed up on?

Y N

Does the applicant have guidelines that prohibit the use of corporal punishment?

Y N

Is there a senior person within the organization who is designated to handle incidents of alleged abuse?

Y N

RECORD KEEPING

Does the applicant permanently and securely keep:

employment applications, references and identity verification documents for all personnel?	Y <input type="checkbox"/>	N <input type="checkbox"/>
signed acknowledgement of child/youth/vulnerable adults protection procedures and protocols by employees and volunteers?	Y <input type="checkbox"/>	N <input type="checkbox"/>
records of criminal background checks/vulnerable sector checks?	Y <input type="checkbox"/>	N <input type="checkbox"/>
records of protection training provided to personnel?	Y <input type="checkbox"/>	N <input type="checkbox"/>
accident/incident registers, records of abuse allegations, and/or abuse occurrences, including notification to the appropriate authorities?	Y <input type="checkbox"/>	N <input type="checkbox"/>
referral, assessment, treatment and care plans and related correspondence?	Y <input type="checkbox"/>	N <input type="checkbox"/>
a record of historical liability and abuse insurance policies?	Y <input type="checkbox"/>	N <input type="checkbox"/>

If the applicant has answered *no* to any of the above questions about record keeping and wishes to add any comments or expand upon record keeping issues, please do so here:

HISTORICAL EXPERIENCE/DETAILS OF CURRENT ABUSE INSURANCE

Has the applicant ever received a complaint from any party about issues relevant to abuse with regard to any employee or volunteer currently or previously working for the organization? Y N

If yes, please provide full details

With regard to abuse coverage has the applicant ever had any:

insurance cancelled or declined?	Y <input type="checkbox"/>	N <input type="checkbox"/>
renewal refused by an insurer?	Y <input type="checkbox"/>	N <input type="checkbox"/>
special terms or conditions imposed?	Y <input type="checkbox"/>	N <input type="checkbox"/>

If the applicant answered yes to any of the above questions, please provide details

Regardless of whether or not the applicant had insurance, please furnish a "first dollar" (i.e. without deductible) loss history of all claims and incidents within the past five (5) years. If there have been no claims or incidents, please check No Claims

Does the applicant currently carry insurance for abuse? Y N

If yes, name of insurer	Policy No.
Expiry date	Limit of liability \$

Coverage Basis: Claims Made Occurrence Basis

If claims made, please specify current retroactive date

Important: Please read the following carefully

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 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 insurer 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.

For purposes of the **Insurance Companies Act (Canada)**, this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Signature of authorized officer	
Print name and title of officer signing application	
Date	