

# ABUSE APPLICATION



(The term "abuse" means molestation, harassment, corporal punishment or any other form of physical or mental abuse.)

<p>1. Name of Insured:</p>																																																		
<p>2. Please attach a copy of your organization's formal written policy dealing with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The prevention of abuse</li> <li><input type="checkbox"/> Training &amp; education of staff/volunteers with regard to abuse prevention</li> <li><input type="checkbox"/> Reporting/investigation/management of abuse incidents and/or allegations</li> </ul> <p><i>** If no such written policy is in place, abuse coverage will not be offered.</i></p>																																																		
<p>3. Please attach a copy of your organization's procedures for screening prospective employees and volunteers.</p>																																																		
<p>4. a) Have there been any <b>claims or lawsuits</b> arising from abuse, made against your organization, your employees or any other person associated with your organization during the past 10 years?     <input type="checkbox"/> Yes     <input type="checkbox"/> No</p> <p>If "Yes", please provide all details below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>b) Have there been any <b>allegations or incidents</b> of abuse made against your organization, your employees or any other person associated with your organization during the past 10 years?     <input type="checkbox"/> Yes     <input type="checkbox"/> No</p> <p>If "Yes", please provide all details below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																																		
<p>5. Please provide the following information.</p> <p>Total number of full-time and part-time employees in your organization (incl. contract and volunteers)? _____</p> <p>Breakdown of employees/staff as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Full-Time</th> <th style="width: 20%;">Part-Time</th> <th style="width: 20%;">Contract</th> <th style="width: 10%;">Volunteer</th> </tr> </thead> <tbody> <tr><td>Coaches</td><td></td><td></td><td></td><td></td></tr> <tr><td>Assistant Coaches</td><td></td><td></td><td></td><td></td></tr> <tr><td>Teachers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Teachers' Aids</td><td></td><td></td><td></td><td></td></tr> <tr><td>Counsellors</td><td></td><td></td><td></td><td></td></tr> <tr><td>Religious/Pastoral</td><td></td><td></td><td></td><td></td></tr> <tr><td>Child Care Givers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Health Care Givers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Other**</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p><i>(** anyone that holds a position of trust or works closely with vulnerable people)</i></p>		Full-Time	Part-Time	Contract	Volunteer	Coaches					Assistant Coaches					Teachers					Teachers' Aids					Counsellors					Religious/Pastoral					Child Care Givers					Health Care Givers					Other**				
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6. a) Please provide details of all Abuse Liability Insurance carried in the past three years:

<b>Insurer</b>	<b>Period</b>	<b>Limit</b>	<b>Deductible</b>	<b>Premium</b>

b) Indicate the type of Abuse Liability Insurance carried:     Claims-Made?     Occurrence Basis?

**DECLARATION**

**The undersigned declares that he/she is duly authorized by the proposed Insureds to complete and sign this application on their behalf and that the statements set forth herein are true and complete.**

**The undersigned agrees that:**

- i) the signing of this application does not bind the undersigned, the proposed insureds or Royal & SunAlliance Insurance Company of Canada to effect insurance;**
- ii) this application and all additional information provided herewith shall be the basis of the contract, should a policy be issued, and shall be deemed to be attached to and shall form part of the policy;**

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Date