

ABUSE APPLICATION



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

1. Name of Insured:																																																		
2. Please attach a copy of your organization's formal written policy dealing with: <ul style="list-style-type: none"> <input type="checkbox"/> The prevention of abuse <input type="checkbox"/> Training & education of staff/volunteers with regard to abuse prevention <input type="checkbox"/> Reporting/investigation/management of abuse incidents and/or allegations ** If no such written policy is in place, abuse coverage will not be offered.																																																		
3. Please attach a copy of your organization's procedures for screening prospective employees and volunteers.																																																		
4. a) Have there been any claims or lawsuits 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 If "Yes", please provide all details below: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> b) Have there been any allegations or incidents 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 If "Yes", please provide all details below: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																																																		
5. Please provide the following information. Total number of full-time and part-time employees in your organization (incl. contract and volunteers)? _____ Breakdown of employees/staff as follows: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 15%;">Full-Time</th> <th style="width: 15%;">Part-Time</th> <th style="width: 15%;">Contract</th> <th style="width: 15%;">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> (** anyone that holds a position of trust or works closely with vulnerable people)		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:

Insurer	Period	Limit	Deductible	Premium

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