

ABUSE APPLICATION

(In this questionnaire, the term "abuse" means molestation, harassment, corporal punishment or any other form of physical or mental abuse.)

1. Name of Applicant: _____

2. Address: _____

3. Provide complete descriptions of Applicant's business or operations:

4. What procedures do you follow to screen prospective employees and volunteers?

5. (a) Do you have a formal written policy for employees or volunteers that prohibits abuse? Yes No
If Yes, attach full details.

(b) What are your procedures for handling allegations or complaints made about your employees?

6. Have any allegations of abuse been made against you, your employees, or any other person associated with your organization during the past 10 years? If Yes, attach full details. Yes No

7. State number of following in your organization:

Employees (incl. Contract) _____
 Coaches _____
 Assistant Coaches _____
 Volunteers _____
 Teachers _____

Counselors _____
 Religious Leaders _____
 Care Givers _____
 Teaching Aids _____
 Others * _____

(* that hold a position of trust over vulnerable people)

8. Give details of all claims arising from abuse made against you, your employees, or any other person associated with your organizations during the past 10 years:

9. Provide details of child abuse prevention and awareness training:

10. (a) 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 all statements made in the Application and the information contained in documents submitted with it is true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

 Signature

 Title of Position

 Date