



Abuse Liability Application

ABEX Affiliated Brokers Exchange Inc.
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Broker Name:	Contact:	
Address:		
Policy Number (for renewal purposes only):	Effective Date:	Broker Code:

1. Please advise:

Full Name of all Insureds:	Name of Principals:
Mailing Address:	
Other Locations:	
Website:	

Wherever used in this application form, "Abuse" means any act or threat involving molestation, harassment, corporal punishment or any other form of physical, sexual or mental abuse.

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS.

2. Describe business of Insured:

3. Number of years in business:

4. Limit required:

5. Services/Locations:

If the services operate in multiple cities or provinces please attach a list that shows where all services operate:

		Exposure Units		
		Annual	Other	# of Months
Number of Locations	Types of Services % of Total	Number of Youth	Age Range	Number of Adults
	Schools – Religious			
	Schools – Public			
	Schools – Private, Elementary			
	Schools – Private, Secondary			
	YMCA			
	Community Service Organization			
	Overnight Camps			
	Day Camps			
	Child Care Centres			
	Churches / Parishes			
	Sunday Schools			
	Mentoring Programs			
	Counseling Services			
	Residential Treatment Centres			
	Group Homes			
	Foster Care Services			
	In-Home Social Services			
	Drop in / Recreation Centers			
	Hospitals			
	Nursing Homes			
	Home Health Care			
	Assisted Living			
	Other (describe)			
TOTALS				

6. Which of the following methods are used in the screening and hiring process for the employees:

- | | | |
|--|-----|----|
| a) Application | Yes | No |
| b) Interview | Yes | No |
| i) Face-to-face interview | Yes | No |
| ii) Phone interview | Yes | No |
| iii) Interview by more than one person | Yes | No |
| iv) Written set of interview questions for employees | Yes | No |
| v) Use behavioral interviewing techniques | Yes | No |

Please explain on a separate sheet of paper any other methods used to identify potential perpetrators.

- | | | |
|--|-----|----|
| c) Reference checks | Yes | No |
| d) Criminal background check | Yes | No |
| i) Provincial check | Yes | No |
| ii) Federal check | Yes | No |
| iii) Abuse registry check | Yes | No |
| e) Observation of applicant interacting with clients | Yes | No |
| f) A checklist of indicators for abuse potential | Yes | No |
| g) Other | Yes | No |

(if Other, please specify):

7. Policies and Procedures

- | | | |
|---|-----|----|
| a) Are abuse and neglect laws reviewed with all new employees and volunteers? | Yes | No |
| b) Does the organization have a designated abuse prevention committee? | Yes | No |
| c) Does the organization have a written policy with regard to abuse and abuse prevention? | Yes | No |
| d) Has it been reviewed and approved by legal counsel? | Yes | No |

e) Is this policy reviewed in detail with all employees, volunteers or any person acting on behalf of the Insured that have client contact? Yes No

Does this policy include:

i. Requirements for reporting all incidents? Yes No

ii. A formal abuse response procedure? Yes No

iii. Detailed investigation procedures with regard to incidents or abuse? Yes No

iv. The requirement to report all incidents related to an actual or suspected abuse? Yes No

v. The requirement that more than one person is present at all times that clients are in the organization care? Yes No

vi. Procedures for monitoring new employees and volunteers during client contact? Yes No

f) Are all employees and volunteers trained in recognizing possible abuse? Yes No

8. Please provide us with a copy of the written procedures in place with respect to:

ATTACHED N/A

a) Screening procedures for new employees (including seasonal and temporary workers) and volunteers

b) Prevention of abuse

c) Initial and ongoing training for employees (including seasonal and temporary workers) and volunteers

d) Investigation procedures on abuse or allegations including reporting procedures and management

9. How long have these procedures been in place?

a) How do you assure these procedures are understood and adhered to?

b) Who is/are responsible for the implementation of the procedures (please state name and position)?

10. Over the past 10 years:

- a) Have there been any claims or lawsuits arising from abuse made against you or any other person associated with your organization? Yes No

If Yes, please provide details and describe any change to procedures adopted as a result:

- b) Have there been any incidents or allegations of abuse made against your or any other person associated with your organization? Yes No

If Yes, please provide details:

- c) Are you aware of any facts, incidents, circumstances or allegations that may give rise to allegations, claims or lawsuits against you or any other person in your organization?

Yes No

If Yes, please provide details:

11. Employee/Volunteer Details

- a) Total number of employees (including seasonal and/or temporary workers) & volunteers:

If the number is variable, please explain:

- b) Please provide the breakdown of employees/volunteers in the following table:

Job Title	Number of Employees		Number of Volunteers	Job Title	Number of Employees		Number of Volunteers
	FT	PT			FT	PT	
Child care providers				Counselors			
Health care providers				Teaching staff			
Seniors care providers				Religious/Pastoral			
Coaching staff				Other(*)			

* Other includes any position where the employee is in a relation of trust, authority or works closely with vulnerable people.

c) Care or care service provided to:

Does this policy include:			Number (Average Daily)	Age Range
i) Children	Yes	No		
ii) Adults	Yes	No		
iii) Disabled	Yes	No		

12. Previous Abuse Insurance (past 3 years)

Insurer	Limit	Period	Claims Made	Occurrence	Premium

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Singature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.
Coverage is only given upon written confirmation of binding from ABEX.**

This Section is For Broker Use Only

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* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.