



Abuse Liability Supplement*

*Abuse cannot be quoted as a standalone product. In addition to this application, please complete our Commercial Liability Application found at www.abexinsurance.com/applications

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Brokerage:	Broker contact:	
Broker address:	Email:	
Broker code:	Policy Number (for renewal purposes only):	Effective Date:
Full names of all Insureds:		
Names of Principals:		
Mailing address:		
Other Locations:		

Underwriting Details

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.

1. Describe business of Insured, including website address. (If no website, attach brochure or company literature along with this form):

2. Number of years in business: _____ Limit required: _____

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

4. 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):		

5. 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

6. 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

7. 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)?

8. 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:

9. 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	# of Employees		#of Volunteers	Job Title	# of Employees		#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) Does this policy include care or care service provided to:

Number (Average Daily)

Age Range

i) Children	Yes	No
ii) Adults	Yes	No
iii) Disabled	Yes	No

10. Previous Abuse Insurance (past 3 years)

Insurer	Limit	Period	Claims Made	Occurrence	Premium

11. Additional comments:

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.

Signature(s) of All Named Insureds (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 a different browser or save and email the application to **quotes@abexinsurance.com**