



## ABUSE INSURANCE APPLICATION

Please answer the following questions on behalf of the organization.

The application must be signed and dated by an authorized officer of the organization.

If the space to answer any questions fully is insufficient, please attach a separate sheet.

Please check box if separate document has been attached.

### APPLICANT INFORMATION

1. Full legal applicant's name:

\_\_\_\_\_

2. Please describe the nature of operations, activities and number of locations:

\_\_\_\_\_

3. Risk address (attached schedule if multiple locations):

\_\_\_\_\_

4. Mailing address:

\_\_\_\_\_

5. Website: \_\_\_\_\_

6. Contact name: \_\_\_\_\_

7. Title: \_\_\_\_\_

8. Telephone: \_\_\_\_\_

9. Email address: \_\_\_\_\_

10. Limit of coverage requested: \$ \_\_\_\_\_

### EMPLOYEES & OPERATIONS

11. Number of employees:

Full-time: \_\_\_\_\_

Part-time: \_\_\_\_\_

Volunteers: \_\_\_\_\_

Authority\* figures involved with children, youth or vulnerable adults: \_\_\_\_\_

*\* An authority figure is a person who is involved in supervising children, youth or vulnerable adults e.g. teachers, or volunteers.*

12. Does the applicant operate a day-care or day school?  Yes  No  
If Yes, please provide details:

\_\_\_\_\_

13. Does the applicant conduct any activities away from the premises such as camps, day trips, overnight trips etc?  Yes  No  
If Yes, please provide details:

\_\_\_\_\_

14. Does the applicant conduct any other activities for children, youth or vulnerable adults?  Yes  No  
 If Yes, please provide details:
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### HIRING AND SCREENING PROCEDURES

1. Des formulaires de demande écrits sont-ils requis pour tous | Are written application forms required for all:  
 Employees?  Yes  No  
 Volunteers?  Yes  No
2. Does the written application contain a release of liability to be signed by applicant, authorizing the employer to conduct reference checks?  Yes  No
3. Are reference checks always conducted and documented for all:  
 Employees?  Yes  No  
 Volunteers?  Yes  No
4. Are criminal background checks required for all:  
 Employees?  Yes  No  
 Volunteers?  Yes  No  
 If Yes, how frequent? \_\_\_\_\_  
 If No, please explain: \_\_\_\_\_
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5. Are vulnerable sector screening checks required for all:  
 Employees?  Yes  No  
 Volunteers?  Yes  No  
 If Yes, how frequent? \_\_\_\_\_  
 If No, please explain: \_\_\_\_\_
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6. Are child, youth or vulnerable adult protection procedures and protocols required to be reviewed and signed by all:  
 Employees?  Yes  No  
 Volunteers?  Yes  No

### HUMAN RESOURCES/SUPERVISION

1. Is formal child, youth or vulnerable adult protection training received prior to engagement in duties for all:  
 Employees?  Yes  No  
 Volunteers?  Yes  No  
 If No, please explain: \_\_\_\_\_
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2. Does the applicant provide formal refresher courses and procedure update training?  Yes  No  
 If Yes, how frequent? \_\_\_\_\_
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3. Is there a program of supervision for new employees and volunteers?  Yes  No  
 Please describe: \_\_\_\_\_
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- 4. Does the applicant have a written safety and protection policy on supervision of children, youth or vulnerable adults?  
(Attach copy)  Yes  No
- 5. Does the applicant require that there be a minimum of two persons supervising children, youth or vulnerable adults?  Yes  No

**RECORD KEEPING**

- 1. Does the applicant permanently and securely keep:
    - Employment applications, references and identity verification documents for all personnel?  Yes  No
    - Signed acknowledgement of child, youth or vulnerable adults protection procedures and protocols by employees and volunteers?  Yes  No
    - Records of criminal background checks/vulnerable sector checks?  Yes  No
    - Records of protection training provided to personnel?  Yes  No
    - Accident/incident registers, records of abuse allegations, and/or abuse occurrences, including notification to the appropriate authorities?  Yes  No
    - Referral, assessment, treatment and care plans and related correspondence?  Yes  No
    - A record of historical liability and abuse insurance policies?  Yes  No
- If the applicant has answered No to any of the above questions about record keeping and wishes to add any comments or expand upon record keeping issues, please do so here:
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**HISTORICAL EXPERIENCE/DETAILS OF CURRENT ABUSE INSURANCE**

- 1. Has the applicant ever received a complaint from any party about issues relevant to abuse with regard to any employee or volunteer currently or previously working for the organization?  Yes  No  
If Yes, please provide full details:  

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- 2. With regard to abuse coverage has the applicant ever had any:
  - Insurance cancelled or declined?  Yes  No
  - Renewal refused by an insurer?  Yes  No
  - Special terms or conditions imposed?  Yes  No
 If the applicant answered Yes to any of the above questions, please provide details:  

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- 3. Regardless of whether or not the applicant had insurance, please furnish a "first dollar" (i.e. without deductible) loss history of all claims and incidents within the past five (5) years. If there have been no claims or incidents, please check  No claims



4. Does the applicant currently carry insurance for abuse?

Yes  No

If Yes, name of insurer:

Policy number:

Expiry date:

Limit of liability:

\$ \_\_\_\_\_

Coverage basis:

Claims made

Occurance basis

If Claims made, please specify current retroactive date:

\_\_\_\_\_

### DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

#### Important: Please read the following carefully

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true.

Signing of this application does not bind the insurer to offer, nor the applicant to accept insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Name of person completing this application: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).