



ABUSE APPLICATION FORM

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. **Name of Applicant** (And all Subsidiaries):

2. **Mailing Address:**

Website Address:

3. **Description of Business Operations:**

In business since:

4. Limit required: \$

5. 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**
 - 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** (please specify): Yes No
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6. 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

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

	<u>ATTACHED</u>	<u>N/A</u>
a) Screening procedures for new employees (including seasonal and temporary workers) and volunteers	<input type="checkbox"/>	<input type="checkbox"/>
b) Prevention of abuse	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHED **N/A**

- 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

8. a) How long have these procedures been in place? _____

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

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

9. 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:

10. Employee/Volunteer Details

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

11. Previous abuse insurance (3 years)

Insurer	Limit	Period	Claims Made	Occurrence	Premium

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I 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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**