

ABUSE ENDORSEMENT SUPPLEMENTAL APPLICATION

In this application, the term "abuse" means sexual, physical, emotional or psychological abuse, molestation or harassment, including corporal punishment

Applicant's Name: _____

Address: _____

City, Prov: _____

Work Phone _____ Fax Number _____

Email Address: _____

1. Type of Organization _____

2. Number of Members _____

3. Total number of employees/volunteers in positions with client contact: _____

4. Do all employees complete employment applications? Yes No

5. Pre-Employment background checks include the following:

A. Personal References Yes No

B. Police records check Yes No

C. Education verification Yes No

D. Are records kept documenting this investigation as part of each employee personnel file? Yes No

6. Are applications obtained on volunteers? Yes No
Are background checks completed on volunteers? Yes No

Does background check include obtaining police record for volunteers? Yes No

7. Are child abuse and neglect laws reviewed with new employees and volunteers? Yes No

8. Does the facility have written policies that include physical or sexual abuse issues? Yes No

Are they reviewed with employees and volunteers?

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

10. Describe any operational procedures you use to monitor, control or eliminate the potential for sexual abuse.

11. What are your procedures for handling allegations or complaints made about your employees/volunteers?
12. Describe any “closed door” counselling or care provided individual clients.
13. Do any of your clients have handicaps Yes No
If “Yes”, please specify: Emotional Physical Developmental
14. Are clients in your care overnight? Yes No
15. Are procedures in place that more than one employee or volunteer is present at all times when a client is in your care? Yes No
16. Are services to clients subcontracted to others? Yes No
If “Yes” describe:
17. Are screening of subcontractors used? Yes No
If “Yes” describe:
18. Are certificates of insurance required naming your organization as an additional insured? Yes No
19. Are your clients instructed to report possible instances of sexual abuse? Yes No
20. Are known or suspected molestation or abuse incidents reported by your organization to proper police authorities? Yes No
21. Have any claims concerning sexual abuse been filed against you or your organization? Yes No
22. Are you aware of any occurrences that could lead to a claim concerning sexual abuse? Yes No
23. Have any public authorities investigated your operation relating to sexual abuse? Yes No
24. Have any parents, guardians and others alleged sexual abuse in connection with your premises or operations?
Yes No

If you answered YES to questions #21-24, please explain below:

I/We declare that the statements made above are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed: _____ Date: _____

Position: _____

Agent/Broker: _____