

By completing this Application the Applicant is applying for insurance with Northbridge General Insurance Corporation (the "Insurer").

1. All questions must be answered completely. Where space provided is insufficient to fully answer, please use separate sheet(s).
2. Abuse in the context of this Application includes sexual, physical and mental abuse.
3. "Vulnerable persons" means persons who, because of age, disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at a greater risk than the general public of being harmed by a person in a position of authority or trust relative to them. This includes children, youth, senior citizens, people with physical, developmental, social, emotional or other disabilities, as well as people who are victims of crime or harm. Such vulnerability may be a temporary condition or permanent.

A. General Information

1. Name of Applicant:

2. Mailing Address

(incl. Postal Code):

3. Please select the limit of insurance you are requesting:

Aggregate Limit:

\$100,000
 \$250,000
 \$500,000
 \$1,000,000
 \$2,000,000
 \$5,000,000
 \$10,000,000

Current Coverage Form:

Occurrence
 Claims-Made
 No Prior Abuse Coverage

4. Regarding your organization's Abuse Protocol:

(i) Do you have a formal written Abuse Protocol? Yes No

(ii) If you have no employees or volunteers (i.e. you are the owner and only employee), check here

(iii) What forms the basis of your Abuse Protocol?

Association you belong to
 Government agency
 Other or self-developed

(iv) If your Abuse Protocol has been reviewed by professional consultant such as a Risk Manager, check here

(v) If your Abuse Protocol has been reviewed by a lawyer, check here

5. Within the past 10 years, have there been any allegations of Abuse made against your operations?

Yes No

If Yes, then complete the following (Note: use a separate sheet for each allegation):

Describe* the allegation:

*Do not include people's actual names but rather just titles or employment positions (for example a "manager", "supervisor", "staff member", or "volunteer").

(ii) Amount reserved or paid by the Insurer (consult your current insurer/broker): \$ _____

(iii) Was your Abuse Protocol revised as a result of this incident? Yes No

If yes, describe:

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B. Employees and Volunteers

1. Do you have employees or volunteers?

Yes

No

If "No" was selected, please leave sections B, C, D, and E blank. [Click here to section F.](#)

2. Number of:

(i) Full-time Employees: _____ (ii) Part-time Employees: _____ (iii) Volunteers: _____

3. Are written applications required for all:

(i) Employees

Yes

No

(ii) Volunteers

Yes

No

Not all*

*Describe those volunteers who do not provide written applications:

4. Are references checked for all:

(i) Employees

Yes

No

(ii) Volunteers

Yes

No

Not all*

*Describe those volunteers who do not have references checked:

5a. Only with respect to employees and volunteers who have care and supervision of "vulnerable persons", when are Vulnerable Sector Checks obtained for all (check all that apply):

(i) Employees	When hired	Annually	Every 2 years	Other _____
(ii) Volunteers	When hired	Annually	Every 2 years	Other _____

5b. Describe any volunteers who may have care and supervision of "vulnerable persons" and who do not have a Vulnerable Sector Check:

6a. Are all new employees and volunteers supervised during a probationary period?

(i) Employees

Not supervised

Length of supervision: _____

(ii) Volunteers

Not supervised

All or some; Length of supervision: _____

6b. Describe any volunteers who may have care and supervision of "vulnerable persons" and who are not supervised during a probationary period:

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B. Employees and Volunteers

7a. How are employees and volunteers who have care and supervision of “vulnerable persons” visibly identified (check all that apply):

(i) Employees	Name tag	Photo I.D. card	Uniform	Other _____
(ii) Volunteers	Name tag	Photo I.D. card	Uniform	Other _____

7b. Describe any volunteers who may have care and supervision of “vulnerable persons” and who do not have any visible identification:

C. Abuse Prevention and Recognition

1. When is formal Abuse training provided to all (check all that apply):

(i) Employees	Not provided	When hired	Annually	Other _____
(ii) Volunteers	Not provided	When hired	Annually	Other _____

2. Does your Abuse training include how to recognize signs of Abuse?

Yes No No Abuse training provided

3. Describe situations where there is not a minimum of 2 employees or volunteers always present around “vulnerable persons”:

4. Does your Abuse Protocol prohibit corporal punishment? Yes No

5. Does your Abuse Protocol require that “vulnerable persons” that are being segregated for disciplinary actions must be located in an area where they are still always supervised? Yes No

6. Does your Abuse Protocol contain guidelines regarding the transportation of “vulnerable persons”? Yes No

7. Is your Abuse Protocol provided to, acknowledged and signed off by all:

(i) Employees	Yes	No
(ii) Volunteers	Yes	No

8. Describe the mechanism you use to ensure your Abuse Protocol policies and procedures are implemented and enforced throughout your organization: N/A; no mechanism

9. When was the last time your Abuse Protocol was reviewed and updated? _____

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D. Abuse Reporting

1. Are all incidents of inappropriate behaviour and alleged incidents of Abuse required to be promptly reported?		Yes	No
2. Is there a senior person in your organization who is designated to handle incidents of inappropriate behaviour and alleged abuse?		Yes	No
3. Does the person referenced in 2. above promptly report the incident to the appropriate authorities (e.g. Children's Aid Society, the police, etc.) as applicable?	N/A	Yes	No
4. Does the person referenced in 2. above promptly report the incident to the Insurer?		Yes	No
5. Are all employees or volunteers identified in such incidents of inappropriate behaviour or alleged incidents of Abuse immediately redeployed away from all "vulnerable persons" pending the outcome of the investigation conducted by the appropriate authorities?		Yes	No

E. Record Keeping

1a. Do you securely keep the following employee files for 33 years* following when the employee left your employ:

(*48 years in Manitoba and Newfoundland/Labrador)

(i) Applications as referenced in Question (B) 2.?	Yes	No	N/A because don't obtain
(ii) Reference Checks as referenced in Question (B)3.?	Yes	No	N/A because don't obtain
(iii) Vulnerable Sector Checks as per Question (B)4a.?	Yes	No	N/A because don't obtain
(iv) Abuse Training as referenced in Question (C) 1.?	Yes	No	N/A because don't obtain
(v) Sign-off as referenced in Question (C) 8.?	Yes	No	N/A because don't obtain

1b. Explain any exceptions to the above (including any different time periods):

2a. Do you permanently and securely keep the following:

(i) Incident Reports as referenced in Question (D)1.?	Yes	No	N/A because don't obtain
(ii) Copy of historical Liability & Abuse Insurance Policies?	Yes	No	N/A because new venture

2b. Explain any exceptions to the above:

F. Facility Safeguards

1. If your operations are only School Transportation Services then select "N/A" and leave this section blank.		N/A
2. Are all visitors required to sign-in upon arriving at the premises?	Yes	No
3. Are all visitors identified with a "visitor" name tag while at the premises?	Yes	No
4. Does your Abuse Protocol address how any temporary contractors on the premises (e.g. plumber or electrician) are to be supervised?	Yes	No
5. Are all unsupervised entrances to the building locked at all times?	Yes	No
6. Are surveillance cameras utilized throughout the building?	Yes	No

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Specific Operational Questions for Your Operations.

Complete only those sections that apply to your operations; check all non-applicable (N/A) sections, and leave blank.

G. Worshipping Institutions

N/A

(e.g. Church, Synagogue, Mosque, Temple and similar religious facilities) and Monasteries, Convents and similar religious facilities)

1. When children are separated from their parent(s) during worshipping, how are the children dismissed?

Released to their parent/guardian

Escorted as a group back to the congregation

Unsupervised; find their own way to their parent/guardian

Note: If there are also daily daycare operations then also complete Section (H) below.

Note: If there are also camps, billeting or religious retreats provided then also complete Section (I) below.

H. Daycares

N/A

(operated by the Applicant) including before and after school programs

1. Is your operation(s) provincially licensed?

Yes

No

2. What is the maximum number of children during a day?

3. Who may pick-up the child during the day (check all that apply)?

Known parent/guardian

Designated person only if prearranged by the parent/guardian

Other:

I. Day Camps and Overnight Camps/Dormitories

N/A

(including camps within a Church, Daycare, Museum, Zoo, Children's Organization; also incl. religious retreats)

1. Maximum number of camping spaces available at any one time:

2. Type of camp:

Day

Overnight

3. Are campers of different age groups segregated separately?

Yes

No

4. Are sleeping quarters separated by gender?

Yes

No

N/A since no overnight

5. Describe how the sleeping quarters are supervised:

N/A since no overnight

J. Educational Activities

N/A

(including Schools, Teachers, Tutors, Art, Music, Gym, Dance, Martial Arts, Swimming and Sailing lessons, and similar lessons)

1. Annual number of students that are registered:

2. How are the students dismissed (check all that apply)?

Released to their parent/guardian

Released to other designated person only if prearranged by the parent/guardian

Unsupervised; find their own way to home

Other _____

Note: If there are also daily daycare operations then also complete Section (H) above.

Note: If boarding/dormitory (not including school trips) is provided then also complete Section (I) above.

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K. Seniors Residences, Nursing Homes, Seniors Assisted Living Residences and Mental Health (such as Community Living or Group Homes)

N/A

1. Number of accommodation spaces available: _____

L. School Transportation Services

N/A

1. Number of vehicles (school buses + vans + minivans, etc.) that transport "students": _____

2. What percentage of these vehicles are equipped with cameras facing the students? _____

3. Is a 2nd employee or volunteer utilized to monitor the students?

Yes all
vehicles

Buses
only

None

4. Are the routes set such that the 1st pick-up of the day and last drop-off of the afternoon is done with a minimum of 2 students?

Yes all
vehicles

Buses
only

None

N/A since not used for pick-up/ drop-off on a route

M. Claims-Made Basis

(complete only if Claims-Made Basis is requested)

N/A

1. Year you first obtained Abuse Coverage: _____

2. Has coverage been in continuous force since the above date?

Yes

No

N/A, Abuse coverage is being requested for the first time

If "No" was selected, explain why:

3. What is the Retroactive Date on current policy? _____

N. Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application or any renewal or change in coverage, for the purposes of offering and providing products and services to meet the insured organization's needs, assessing and underwriting risks on a prudent basis, determining insurance product prices, investigating and settling claims, detecting and preventing fraud or other illegal activities, analyzing business results and compiling statistics, reporting to regulatory or industry entities, and acting as required or authorized by law.

I / We declare that the statements made above in this Application 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.

COMPLETED AND DULY SIGNED AND DATED.

Signed: _____ Please print name: _____

Title: _____ Date: Day: _____ Month: _____ Year: _____

Signing of this Application does not bind the Applicant (you) or the Insurer (us) to complete the requested Insurance.