



Supplemental Application for Abuse Liability

Instructions on Completing This Form:

The Applicant(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Applicant(s) knows or ought to know. A matter is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium). For these purposes, the Applicant(s) knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Applicant(s) also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Applicant(s) should therefore conduct a reasonable search of such information. The Applicant(s) must disclose all material matters and circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this Application Form and any appendices ('Application Form').

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Application Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Application Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Applicant(s) should contact their insurance broker.

Upon completion, please sign and return this form to your Insured Creativity representative or to underwriting@insuredcreativity.com and include the following where applicable:

- Organizations Abuse and Harassment Protocols and Procedures
- Claims / Loss History Letter (*Minimum 5 Years*)

We strongly urge that you retain a copy of this proposal.

Please approach us with any questions you may have. We look forward to working with you.



Please complete the following:

Applicant / Insured Information:

Named Insured as it should appear on the policy:			
Description of Operations:			
Mailing Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	
Telephone:		Email:	

General Information:

Organization Type:	☐ Sole Proprietor ☐ Non-Profit ☐ Private/Incorporated	
Date of Incorporation:		
Organization Website:		
Operational Territory:	☐ Canada Only ☐ Canada/USA Only ☐ Worldwide	
	Number of Individuals	
Minors:	☐ Yes: ☐ No	
Adults:	☐ Yes: ☐ No	
Job Title:	Number of Employees	Number of Volunteers
Coaching Staff:		
Child Care Providers:		
Pastoral/Religious Providers:		
Councilors:		
Does the organization conduct any activities away from the public facilities and venues used by the organization i.e Day Camps, Overnight Trips, Overseas Travel?	☐ Yes ☐ No	
Attendee Categories:	Number of Persons	Age Range
Participants:		
Parents/Guardians:		
Coaches:		
Staff:		



Policies and Procedures:

Does the organization follow all Canadian Safe Sport guidelines?	☐ Yes	☐ No
Does the organization have a written abuse prevention program in effect that has been reviewed by legal counsel or follows the protocols of a governing body?	☐ Yes	☐ No
Is the abuse prevention program reviewed with all employees, volunteers or any other person who has contact with a vulnerable person under the insured's care?	☐ Yes	☐ No
Does the written abuse policy include:		
Reporting requirements for all actual and suspected abuse incidents?	☐ Yes	☐ No
Ratio requirements of employees to vulnerable individuals that are aligned with regulatory requirements?	☐ Yes	☐ No
Designated person who all incidents of abuse or suspected abuse are reported to?	☐ Yes	☐ No
Monitoring procedures for employees and volunteers by supervisors during interactions with vulnerable individuals that are documented?	☐ Yes	☐ No
Is there a formal policy addressing harassment and abuse within the organization including but not limited to adherence to the "Two Person Rule"?	☐ Yes	☐ No
Controlled access to the facility, sign-in procedures, and designated individuals for pick-ups?	☐ Yes	☐ No
Does the organization have a designated abuse prevention committee who sets and reviews protocols at minimum annually?	☐ Yes	☐ No
Is the identity of the person reporting kept confidential and is retaliation against the reporter prohibited?	☐ Yes	☐ No

Hiring and Training:

Are criminal background and abuse registry checks and vulnerable sector checks completed for all prospective employees, volunteer workers and independent contractors?	☐ Yes	☐ No
Do ALL volunteers receive training in abuse prevention, reporting policies and procedures prior to performing their duties?	☐ Yes	☐ No
Do ALL volunteers receive refresher courses and training in procedural updates?	☐ Yes	☐ No
Are all employees and volunteers adequately supervised during their probation period?	☐ Yes	☐ No

Record Keeping:

Does the organization permanently and securely keep employment engagement applications forms, declarations, references and identity verification for all personnel?	☐ Yes	☐ No
Does the organization permanently and securely keep records of abuse prevention training which was provided to your personnel?	☐ Yes	☐ No



Does the organization permanently and securely keep signed acknowledgement of abuse procedures by employees and volunteers?	☐ Yes	☐ No
Does the organization permanently and securely keep copies of all police checks?	☐ Yes	☐ No
Does the organization permanently and securely keep your accident/incident registers, records of abuse allegations and investigations, abuse occurrences including notification of the appropriate authorities?	☐ Yes	☐ No
Does the organization permanently and securely keep referral, assessment, treatment and care plans and related correspondence, for those who are or have been in your care?	☐ Yes	☐ No
Does the organization permanently and securely keep a record of your historical liability and/or abuse policies?	☐ Yes	☐ No

Prior Experience:

Have there ever been any allegations of abuse been made against the organization, your employees, or any other person?	☐ Yes	☐ No
Please advise date of 1st Abuse policy purchased:		
Please advise the limit of liability purchased at that time:		
Has the organization been declined abuse coverage in the past by an insurance company?	☐ Yes	☐ No
If "Yes", please advise why:		

Coverage Requirements:

Abuse Liability:	☐ \$100,000	☐ \$250,000	☐ \$1,000,000	☐ \$2,000,000
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DECLARATION:

This section to be completed by the Client (Insured).

I/we confirm that the information given in this Application Form including any attachment(s) provided to support this Application, whether in my/our own hand or not, is correct.

I/we declare that I/we have made a fair presentation of the risk by disclosing all material matters and circumstances which would influence a prudent underwriter's assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters, and any material matters or circumstances are not specifically covered by a question in this Application Form, I/we the Applicant(s) accept these conditions as the proposed Insured or agent of the proposed Insured.

It is understood that the signing of this Application Form does not bind the Applicant(s) to complete or Underwriters to accept this insurance.

I/we the Applicant(s) also agree that in the event any information contained in any completed Application Form and/or supplied to support this Application Form or other application for this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, I/we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the Application for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Form is duly authorized to do so on behalf of the Applicant(s).

By submitting this application, I/we consent to the collection, use and disclosure of personal information as defined in the Privacy Policy found on Insured Creativity Inc.'s website.

Generally, information is collected and stored for the following purposes:

- The communication with policyholders
- The underwriting of policies
- The evaluation of claims
- The analysis of business results
- Purposes required or authorized by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organizations or companies, their agents, and to certain non-related or unaffiliated organizations or companies, including service providers. These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Signing this form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

Signature: _____

Date: _____

Name: _____

Position: _____