

20. Did the Club have a going concern note in its most recent audited annual financial statements and/or is the company in breach of any debt/loan/contractual agreements or covenants, and/or is the company currently, or has it at any time during the past three years been financially insolvent, or does it anticipate such breach occurring within the next twelve months, or within the last year has it contemplated seeking creditor protection, or does it contemplate seeking creditor protection in the next six months? Yes No If yes, attach full details
21. Have there been any layoffs of staff reductions in th past 12 months or does the organization anticipate any in the next 2 years? Yes No For employees with a salary over \$100,000 are all terminations subject to prior review by, and support from, external legal counsel? Yes No
22. Has the organization filed an Income Tax return for any of the last five years? Yes No
If yes, have the returns been accepted as filed? Yes No

Has any insured individual (whether acting on behalf of any company, any other organization or personally), in the past 3 years been involved in:

Any litigation, civil or criminal action, class action, derivative action, investigation or proceeding with respect to, including but not limited to the following anticompetitive/antitrust, fair trade, copyright or patent, shareholder/securities, pollution or occupational health and safety (excluding employment or pension, retirement or health and welfare benefit plans)?

Yes No

Any employment or labour related litigation or proceeding which resulted in settlements or findings of more than \$25,000 cumulatively?

Yes No

Any litigation or proceeding involving any sponsored pension, retirement or health and welfare benefit plans?

Yes No

If yes, please provide summary:

It is understood and agreed that any loss arising from a matter disclosed or which should have been disclosed under this section is excluded from coverage under the policy, all without limiting any other remedy available to the company for non-disclosure.

Current/Prior Insurance:

Other than any items already reported under section 5 of this application and with respect to any coverage in section which is not currently in force:

Directors and Officers Liability Yes No

Date:

Limit

Other than any items already reported under section 5 of this application and with respect to any coverage in section 66 which is not currently in force:

Are there any claims made or now pending against any individual or company proposed for coverage?

Yes No

Does any insured individual or company have any knowledge or information of any facts or circumstances which could reasonably be expected to give rise to a claim under the proposed policy, including but not limited to the types of matters as noted in section 5 above?

Yes No

If yes, please provide summary:

It is understood and agreed that any loss arising from a matter disclosed or which should have been disclosed under this section is excluded from coverage under the policy, all without limiting any other remedy available to the company for non-disclosure.

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU
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* If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, as respects to your activity or operation.

DECLARATIONS:

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this application form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the application form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signature of duly authorized signing officer

Signed:

Full Name:

Position Held:

Date:

Abuse Application Form

Definition: "Abuse" means any act or threat involving corporal punishment, harassment, molestation or any other form of emotional, mental, physical, psychological or sexual "abuse". The definition describes a broad range of criminal and non-criminal abusive behavior, including assault, bullying, and coercion, harassment, and humiliation, name-calling, spanking and stalking.

Name of Insured:

Description of operations:

Exposure Data:

Number of full-time employees:

Number of part-time employees:

Annual number of volunteers:

Number of "vulnerable persons" per year:

Number of locations:

Care or care service is provided to: **Minors:** Yes No **Adults:** Yes No **Disabled:** Yes No

Care or care service is provided overnight without parent/ guardian present: (If Yes, describe)

Minors: Yes No **Adults:** Yes No **Disabled:** Yes No

Job Title	# of Employees	# of Volunteers	Job Title	# of Employees	# of Volunteers
Child care providers	_____	_____	Counselors	_____	_____
Health care providers	_____	_____	Teaching staff	_____	_____
Senior 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

Risk Management	YES	NO	N/A
1. Do you have an "abuse" prevention program in effect? If yes please provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your operation required to be provincially licensed? Please provide detail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the organization have a designated "abuse" prevention committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Protocols

1. Are visitors required to sign-in and wear name tags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a centralized reception area to greet visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record Keeping

	YES	NO	N/A
1. Do you permanently and securely keep:			
a. Employment/engagement application forms, declarations, references and identity verification for all your personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Copies of all police checks and re-checks. Please confirm frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Records of protection/"abuse" prevention training which was provided to your personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your accident/incident registers, records of "abuse" allegations, "abuse" occurrences including notification to the appropriate authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Referral, assessment, treatment and care plans and related correspondence, for those who are or have been in your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A record of your historical liability and/or "abuse" insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Screening

1. Are written applications required from everyone applying for employment or volunteer work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a minimum of two (2) background checks, not including police checks, for prospective employees and volunteer workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are Vulnerable Sector Background Checks completed prior to working with minors and a minimum of every 3 years thereafter, for prospective employees and volunteer workers? If No, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention (Please attach you written prevention protocols

1. No one on one employees or volunteer with vulnerable individuals, especially minors, including extracurricular activities? (also known as "Rule of Two" or "Rule of Three")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the supervisors of employees and volunteer workers required to periodically oversee interactions with vulnerable individuals in person and are the results of their monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the supervisors of employees and volunteer workers required to periodically oversee interactions with vulnerable individuals in person and are the results of their monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are employees and volunteers permitted to have the direct contact information of vulnerable individuals, and/or interact with them on social media platforms, and not only via the parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Training

	YES	NO	N/A
1. Do all employees and volunteer workers:			
a. Receive training in “abuse” prevention, reporting policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in testing on their understanding of the policies and procedures following the completion of training, and are records kept of the results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Receive training on “abuse” prevention and procedures more than once?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Receive formal induction protection training prior to engagement in their duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all new employees and volunteer workers supervised during their probationary period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How long is the supervisory period for all new employees and volunteer workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reporting (Please attach your written reporting protocols)

1. Are all employees and volunteer workers required to report incidents of “abuse”, whether suspected or known?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there clearly defined consequences for failing to report such incidents of “abuse”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a) Does the reporting have to be made to someone in a senior management position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Is there an anonymous reporting method to report allegations or concerns regarding abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are reports documented and records kept for at least 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the identity of the person reporting kept confidential and is retaliation against the reporter prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a written procedure in place for handling incidents of unhealthy behavior or alleged “abuse”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who is responsible for the implementation of “abuse” policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investigation

1. Are all reported incidents of “abuse” promptly investigated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does senior management or qualified outsiders (such as a law firm) conduct investigations on all allegations of “abuse”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all investigations documented and the records kept as per Provincial Legislation rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prior Experience

YES **NO** **N/A**

- 1. Has there ever been any allegations of “abuse” been made against you, your employees, or any other person associated with your organization?

- 2. Provide details of all claims arising from “abuse” made against you, your employees, or any other person associated with your organization.

- 3. Provide details of previous “abuse” insurance experience over the past 10 years:

Name of Insurer	Limit	Period	Claims Made	Occurrence

Consent to verify and share information

With respect to this application, or any renewal or change in coverage, the undersigned authorizes the Insurer and its service providers to:

- a. verify, using outside sources, any information provided by this application or by documents attached to this application or by any subsequent documentation submitted by or on behalf of the applicant;
- b. transmit, in the event of a claim, such information to lawyers, loss adjusters and similar organizations for the purposes of investigating, defending, negotiating or settling such claim.

Agreements

The undersigned agrees that:

- a. if the information provided by this application changes between the date this application is signed and the effective date of the insurance for which application is being made, he/she will immediately give the Insurer written notice of such changes;
- b. the Insurer, after receiving notice of such changes, may withdraw or modify the premium, exclusions or conditions it had previously quoted and any authorization or agreement to bind coverage; and
- c. if a policy is issued for the insurance for which application is being made, this application and its attachments shall form part of the policy.

Signature of applicant

Name (please print):

Signature:

Date: