

# ABUSE LIMITATION ENDORSEMENT APPLICATION



In this application, the term “abuse” means sexual, physical, psychological or emotional abuse, molestation, sexual harassment or corporal punishment.

APPLICANT’S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, PROVINCE \_\_\_\_\_

Work Phone / Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

1. Type of Organization \_\_\_\_\_

2. Number of Members \_\_\_\_\_

3. Annual Budget \$ \_\_\_\_\_

4. Total number of \_\_\_\_\_

a) salaried employees in positions with client contact: \_\_\_\_\_

b) volunteers in positions with client contact: \_\_\_\_\_

5. Do all employees complete employment applications?  Yes  No

6. 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

7. Volunteers

a) Are applications obtained on volunteers?  Yes  No

b) Are background checks completed on volunteers?  Yes  No

c) Does this include obtaining police records?  Yes  No

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

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

a) Are they reviewed with employees and volunteers?  Yes  No

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

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

12. What are your procedures for handling allegations or complaints made about your employees/volunteers?

13. Describe any "closed door" counseling or care provided individual clients:

14. Do any of your clients have handicaps?  Yes  No  
If "Yes", please specify  Emotional  Physical  Developmental

15. Are clients in your care overnight?  Yes  No

16. 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

17. Are services to clients subcontracted to others?  Yes  No  
If "Yes" describe:

18. Are screening of subcontractors used?  Yes  No  
If "Yes" describe:

19. Are certificates of insurance required naming your organization as an additional Insured?  Yes  No

20. Are your clients instructed to report possible instances of sexual abuse?  Yes  No

21. a) Have there been any known or suspected molestation or abuse incidents reported by your organization to proper police authorities?  Yes  No  
b) Would any known or suspected molestation or abuse incidents be reported by your organization to proper police authorities?  Yes  No
22. Have any claims concerning sexual abuse been filed against you or your organization?  Yes  No
23. Are you aware of any occurrences that could lead to a claim concerning sexual abuse?  Yes  No
24. Have any public authorities investigated your operation relating to sexual abuse?  Yes  No
25. Have any parents, guardians and others alleged sexual abuse in connection with your premises or operations?  Yes  No

If you have answered YES to any one of questions #22-24, 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: \_\_\_\_\_