

# ABUSE LIMITATION ENDORSEMENT SUPPLEMENTAL APPLICATION

ELI-0730-1210

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

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Province: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

1. Type of Organization: Yes  No
2. Number of Members: Yes  No
3. Total number of employees/volunteers in positions with client contact: Yes  No
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 
  - A. Are background checks completed on volunteers? Yes  No
  - B. 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 
  - A. Are they reviewed with employees and volunteers? Yes  No
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" counseling 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: \_\_\_\_\_