

Signature Golf | Abuse Supplemental Form

1. APPLICANT INFORMATION

Golf Course Name: _____

Limit Required: \$ _____

Golf Course Policy Renewal Date: _____

2. HIRING PROCESS

Which of the following methods are used in the hiring process for new employees:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Application | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Independent Recruiter | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Interview Process: | | |
| 1) Face to face interview | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Telephone interview | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Interviewed by more than one person | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) Written set of interview questions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Reference Checks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Criminal Background Check | | |
| 1) Provincial | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Federal | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Abuse Registry | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3. POLICIES & PROCEDURES

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are Abuse and Neglect Laws reviewed with all new employees and candidates? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does your Organization have a designated Abuse Prevention Committee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does your Organization have a written Abuse Prevention Policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have your written Abuse Policies been reviewed by legal counsel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are Abuse Policies reviewed in detail with all employees, volunteers or any other person acting on behalf of the Insured that have contact with clients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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3. POLICIES & PROCEDURES Continued

6. Do your Abuse Policies include:
- | | | |
|--|------------------------------|-----------------------------|
| 1) Requirements for reporting incidents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) A formal Abuse Response procedure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Detailed Abuse incident investigation procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) A requirement to report all actual or suspected Abuse incidents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5) A requirement that more than one person is present when with clients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6) Procedures for monitoring new employees and volunteers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
7. Are all employees and volunteers trained in recognizing possible Abuse? Yes No

4. WRITTEN POLICIES

Please provide us with copies of all written policies with respect to:

- | | Attached | N/A |
|--|--------------------------|--------------------------|
| 1. Screening procedures for ALL new employees | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Prevention of abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Initial and ongoing training for employees and volunteers | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Investigation procedures for Abuse incl. management reporting forms | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How long have these policies and procedures been in place? _____ | | |
| 6. How do you assure that these policies are understood and complied with?
_____ | | |
| 7. Who is responsible for the implementation of the procedures? (Please state name and title)
_____ | | |

5. 10 YEAR CLAIMS HISTORY

1. Have there been any claims or lawsuits arising from Abuse made against you or any other person associated with you organization? Yes No

If yes, please provide details and describe all changes to procedures adopted as a result:

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5. 10 YEAR CLAIMS HISTORY Continued

2. Have there been any incidents or allegations of Abuse made against you or any other person associated with your organization? Yes No

If yes, please provide details:

3. Are you aware of any facts, incidents, circumstances or allegations that may give rise to a claim or lawsuit against you or any other person in your organization? Yes No

If yes, please provide details:

6. EMPLOYEE & VOLUNTEER DETAILS

1. Total number of full time employees: _____
2. Total number of seasonal employees: _____
3. Total number of volunteers: _____

4. Please provide a breakdown of employees and volunteers in the following table:

Job Title	Number of Employees		Number of Volunteers
	FT	PT	
Child Care Providers			
Counsellors			
Teaching Staff			
Coaching Staff			
Other*			

* **Other** includes any position where the employee is in relation of trust, authority or works closely with vulnerable people.

5. Care or care service provided to:
- | | | | Number (avg. daily) | Age Range |
|-------------|------------------------------|-----------------------------|---------------------|-----------|
| 1) Children | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ | _____ |
| 2) Adults | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ | _____ |
| 3) Disabled | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ | _____ |

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7. PREVIOUS ABUSE POLICY INFORMATION

Please list all previous Abuse Insurance policies from the last 3 years:

Insurer	Limit	Period	Claims Made	Occurrence	Premium

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSES THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

Date: _____ Signed: _____

Title: _____ Print Name: _____

Insurance Brokerage Name: _____