

Signature Live! Abuse Supplemental Application Form

General Information

Name of Insured:	
Mailing Address:	
Contact:	Website:

1. Date of Coverage: _____ Requested Limit of Liability: \$ _____
2. Current Insurance Company: _____ Deductible: \$ _____
3. Have there been any Claims or Losses in the last 5 years? (if Yes, include Loss Run) Yes No
4. Has any form of insurance ever been cancelled or declined? (if Yes, provide details) Yes No

Event Operations Information

1. Do you have an Abuse Protocol Document for Employees and Volunteers? Yes No
2. Does your Employment Application request information about Criminal Past incl. Sexual Abuse? Yes No
3. Do you request and review Background Investigations for all Employees and Volunteers? Yes No
4. What type of Background Check is performed? Provincial Federal Abuse Registry
5. Do you keep all Applications and Background Check information permanently on file? Yes No
6. If a Background Check reveals a past offence (alleged or conviction) how do you proceed? _____
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7. Do Employees & Volunteers receive mandatory Sexual Abuse and Complaints Handling training? Yes No
- a) Is this training provided annually? Yes No
- b) Is a Completion Document signed by all Employees & Volunteers? Yes No
8. Do you have a written Crisis Management Handbook to deal with any allegation of Abuse? Yes No
- If yes, please attach a copy.
9. Are written reports mandatory for any/all allegations? Yes No
10. Are appropriate authorities immediately contacted following any allegation? Yes No

Declarations
I/We declare that:

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
3. All Submitted Application Forms become part of the Insurance Policy and is the basis of Coverage provided.
4. If any of the questions have been answered fraudulently or with the intent to conceal or misrepresent any material fact or circumstance concerning this Application for insurance, the entire Policy shall be void.

Signature of Applicant: _____ Date: _____