
GameDay Abuse Application Form

Name of the Insured: _____

Definition: Wherever used in this application form, "Abuse" means any act or threat involving molestation, harassment, corporal punishment or any form of physical, sexual or mental abuse.

Policies and Procedures:

Yes No

Are abuse and neglect laws reviewed with all new employees and volunteers?

Does the organization have a designated abuse prevention committee?

Does the organization have a written policy with regard to abuse and abuse prevention?

Has it been reviewed and approved by legal counsel?

Is this policy reviewed in detail with all employees, volunteers or any person acting on behalf of the insured that have client contact?

Does this policy include:

Requirements for reporting all incidents? A formal abuse response procedure?

Detailed investigation procedures with regard to incidents or abuse?

The requirement to report all incidents related to an actual or suspected abuse?

The requirement that more than one person is present at all times that clients are in the organization's care?

Procedures for monitoring new employees and volunteers during client contact?

Are all employees and volunteers trained in recognizing possible abuse?

Please provide us with a copy of the written procedures in place with respect to:

Attached N/A

The screening procedures for new employees (including leased and temporary workers), or volunteers

The procedures in the prevention of "abuse"

Initial and ongoing training of employees (including leased and temporary workers) and volunteers

Investigation procedures on abuse or allegations including reporting procedures and management

Which of the below methods used to screen new employees or volunteers:

Criminal background checks Verbal reference verification Written reference verification

Personal interview Abuse registry check

How long have these procedures been in place: _____

How do you make sure the procedures are understood and adhered to: _____

Who is responsible for the implementation of the procedures (Name and position): _____

Over the past ten years:

Have there been any claims or lawsuits arising from “abuse” made against you or any other person associated with your organization:

Yes No

If Yes, provide all the details and describe any change to procedures adopted as a result: _____

Have there been any allegations or incidents made against you or any other person associated with your organization:

Yes No If Yes, provide all the details: _____

Employee/Volunteer details:

Total number of employees (including leased and temporary workers) and volunteers: _____

If the number is variable, please explain: _____

Care or care service provided to: Children: Yes No Adults: Yes No Disabled: Yes No

Please provide the breakdown of employees/volunteers in the following table:

Job Title	Number of Employees	Number of Volunteers	Job Title	Number of Employees	Number of Volunteers
Child care providers			Counselors		
Health care providers			Teaching staff		
Senior care providers			Religious/Pastoral		
Cooking staff			Other*		

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

Previous “abuse” insurance (3 years):

Insurer	Limit	Period	Claims made	Occurrence
	\$			
	\$			
	\$			

Warranty Statement

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application and any supplementary applications are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the insurer to issue this insurance. However, should the insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

Date: _____ Authorized representative: (title) _____

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Date: _____ Authorized representative: (title) _____

Authorized Signature: _____ Date: _____

Please Print Name: _____

The signing of this application does not bind insurance.