

APPLICATION FOR LIMITED AND CONDITIONAL COVERAGE FOR PHYSICAL AND SEXUAL ABUSE

Instructions:

A. Answer all questions. If the answer is NONE, please state NONE.

B. If the space to answer any question fully is insufficient, attach a separate sheet

C. The Application must be signed and dated by owner, partner, or officer and by a human resources or personnel officer.

D. PLEASE READ CAREFULLY, THE STATEMENT AT THE END OF THIS APPLICATION

GENERAL INFORMATION

1.	Name of Insured(s):						
2.	Mailing Address:						
3.	Contact Name: Phone No	Fax No					
4.	Describe the applicant's operations and give number of locatio	ns:					
5.	Coverages Desired Limit of Liability \$	Deductible \$					
	Note: if no prior coverage, retroactive date must be policy inception date						
	Proposed Effective Date (DD/MM/YYYY)	Retroactive Date (DD/MM/YYYY)					
6.	Do you currently carry Physical & Sexual Abuse Insurance? Yes No If "yes" please provide details to the Insurer: the limits of liability, deductibles, retroactive date and premium.						
7.	Employees: Number of full time employees:	Number of part time employees:					
8a.	Regardless of whether or not you had insurance, on a separate in the past five (5) years. If there were no claims, state NONE	whether or not you had insurance, on a separate sheet, please furnish a first dollar Loss History for all claims reported e (5) years. If there were no claims, state NONE					
8b.	b. For any claim(s) paid or reserved in excess of \$10,000, on a separate sheet, provide: (1) the date of loss; (2) a complete description the loss, (3) the amount paid or reserved (including expenses), and (4) the valuation date for each such claim.						
8c.	Has there ever been any claim against you for \$100,000 or mor	e?					
8d.	Are you aware of any facts, incidents, or circumstances which r If yes, please explain on a separate page.	may result in claims being made against you?					

The applicant understands and agrees that if any facts, incidents, or circumstances exist which are likely to give rise to a claim under this policy, then any claims arising from such facts, incidents or circumstances are excluded from coverage under this proposed policy.

HUMAN RESOURCES

9a.	Do you have a Human Resources or Personnel Department? Yes No							
	How many employees are there in this department? If "no", provide details on handling of this functions on a separate sheet.							
9b.	Do you make use of tests to screen applicants? Yes No If "yes" please explain on a separate page.							
9c.	Are police checks done on each applicant? Yes No							
9d.	Do you distribute an employee handbook to your employees? Yes No							
9e.	Do you have a formal orientation program for all new employees? Yes No If "yes" please provide details on a separate page.							
9f.	Do you conduct regular written performance evaluation of all your employees? Yes No							
9g.	Do you have formal policies or procedures regarding any of the following:							
	Sexual Harassment? Yes No							
	The handling of employee complaints of discrimination or sexual harassment? Yes No							

If you answered yes to any of the items in the above question 9 (f), please provide copies of such policies together with information regarding the distribution of such policies for your employees, eg notices on bulletin boards annual distribution to all employees etc.

CLAIMS HANDLING PROCEDURES

10a. Who in the Insureds organization has been designated to handle claims?

Name:		Title:					
10b. Address:							
10c. Telephone Number:	(include area code)		(include area code)	Email:			
10d. With respect to clair	ns, incidents, etc., do yo	u have a writte	n procedure for obtainir	ig information?	Yes	No	

10e. Have you made all personnel aware of your requirement for prompt notice? Yes No

This application will only be processed if the **following APPLICABLE information is included**. Failure to include the APPLICABLE information for any company to be covered by this insurance will delay the issuance of a quote until the information is received or will result in a quote excluding the company(ies) for which the information has not been received.

Indicated attachment by an (X) in the applicable space:

____ Employment Application Form ______ Supervisory Manuals ______ Employees Handbook, manual and work rules

The applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information.

The applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the policy period, it will immediately notify Special Risk Insurance Managers Ltd. of such change.

The signing of this application does not bind the Company to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance should a policy be issued.

Note: Both Signature Lines must be completed:

Date

Applicant's authorized signature of an Officer

Date

Applicant's authorized signature of individual in Charge of Human Resources or personnel department.