

# Sports & Leisure package

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## Details of proposer

Name of insured

Trading name

Contact name

Phone  Mobile

Email  Fax

Website

ABN number (if applicable)

Postal address

Suburb  State  Postcode

## Underwriting information

Location of property to be insured

Suburb  State  Postcode

Please provide full business description

Suburb  State  Postcode

How long have you been operating this type of business?  Date business was established?

Are you accredited? Yes  No  Not applicable

If YES with whom

Annual Turnover (ie total annual trading income from all sources): \$

Total number of employee  Total annual wages \$

Number of volunteer workers  Fees paid to contractors/subcontractors \$

Total number of annual participants including all services/activities

Maximum number of people at premises at any one time

Do you have risk management, safety, first aid and/or maintenance procedures in place? Yes  No   
(If YES, please provide copy of updated practices/procedures)

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Do you have 'Child Protection Procedures' in place? Yes  No  Not applicable   
(If YES, please ensure you complete the "Supplementary Prevention of Abuse Questionnaire")

Have you suffered any loss or damage to property, whether you made an insurance claim or not, or had any claims made against you in the last 5 years in relation to the risk proposed? Yes  No

If YES, please provide details:

1. Details of claim/incident or circumstance

Date of claim/incidence or circumstance  Amount paid \$  Insurer

2. Details of claim/incident or circumstance

Date of claim/incidence or circumstance  Amount paid \$  Insurer

3. Details of claim/incident or circumstance

Date of claim/incidence or circumstance  Amount paid \$  Insurer

Has there been or is there now pending any prosecution of the organisation or its subsidiaries under the Corporations Act, Competition & Consumer Act, or any other Statute? Yes  No

If YES, please provide details:

Are you currently, or have you previously been insured for this type of business? Yes  No

If YES, please provide details:

Expiry date  Premium paid \$  Insurer

Have you ever had any insurance cancelled, renewal refused or special conditions imposed? Yes  No

If YES, please provide details:

Have you ever been charged with any criminal offence during the past 5 years? Yes  No

If YES, please provide details:

Is there any other information which you think may affect your insurance or which we should be advised? (refer to the duty of disclosure) Yes  No

### Liability section

#### Limit of Indemnity required

Public & Products Liability \$10,000,000  \$20,000,000  Other  If other, please specify amount \$

Property in your care custody & control \$250,000 automatically included

Errors & Omissions \$1,000,000 automatically included

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Are you currently insured for Errors & Omissions? Yes  No  If YES, expiry date

Management Liability \$1,000,000  \$2,000,000  \$5,000,000   
Are you currently insured for Management Liability? Yes  No  If YES, expiry date

Voluntary Workers Personal Accident Yes  No

Do you train all personnel on your staff in First Aid, OH&S and Risk Management procedures? Yes  No

Do you provide any professional services? Yes  No

- |  |   |
|--|---|
| <input type="checkbox"/> Therapy       | <input type="checkbox"/> Coaching/Instruction |
| <input type="checkbox"/> Counselling   | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Child minding |   |
| <input type="checkbox"/> Massage       |   |
| <input type="checkbox"/> Physiotherapy |   |

If other please elaborate:

If YES, please indicate:  
Number of sessions/lessons etc provided per week

Average number of persons per group

Do you provide any guided tours? Yes  No

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> 4WD          | <input type="checkbox"/> Bus/Coach  |
| <input type="checkbox"/> Hiking       | <input type="checkbox"/> Motor Bike |
| <input type="checkbox"/> Bike         | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Charter Boat |                                     |
| <input type="checkbox"/> Sightseeing  |                                     |

If other please elaborate:

Do you conduct any of the following activities? Yes  No

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abseiling                         | <input type="checkbox"/> Giant swing                       | <input type="checkbox"/> Ropes courses - low    |
| <input type="checkbox"/> Animal nursery                    | <input type="checkbox"/> Golf (Mini or otherwise)          | <input type="checkbox"/> Ropes courses - high   |
| <input type="checkbox"/> Archery                           | <input type="checkbox"/> Horse riding <input type="text"/> | (without leap of faith/pamper pole)             |
| <input type="checkbox"/> Ball games                        | (If yes, % of turnover) % <input type="text"/>             | <input type="checkbox"/> Ropes courses - high   |
| <input type="checkbox"/> Bush camping                      | <input type="checkbox"/> Initiative courses                | (with leap of faith/pamper pole)                |
| <input type="checkbox"/> Bush walking                      | <input type="checkbox"/> Jumping castles                   | <input type="checkbox"/> Sea kayaking           |
| <input type="checkbox"/> Caving                            | <input type="checkbox"/> Laser skirmish                    | <input type="checkbox"/> Snow skiing            |
| <input type="checkbox"/> Climbing walls                    | <input type="checkbox"/> Mobile petting zoo                | <input type="checkbox"/> Squash                 |
| <input type="checkbox"/> Conferences/Functions             | <input type="checkbox"/> Nature walks                      | <input type="checkbox"/> Surfing (with boards)  |
| <input type="checkbox"/> Earth balls                       | <input type="checkbox"/> Orienteering                      | <input type="checkbox"/> Swimming               |
| <input type="checkbox"/> Equipment hire                    | <input type="checkbox"/> Paintball                         | <input type="checkbox"/> Tennis                 |
| <input type="checkbox"/> Fishing                           | <input type="checkbox"/> Playground equipment              | <input type="checkbox"/> Trail/ motorbikes      |
| <input type="checkbox"/> Flat water                        | <input type="checkbox"/> Pushbikes                         | <input type="checkbox"/> Trampolines            |
| (less than grade 3 rapids,<br>rafting, kayaking, canoeing) | (BMX, Mountain Bikes etc)                                  | <input type="checkbox"/> Un-powered water craft |
| <input type="checkbox"/> Flying foxes <input type="text"/> | <input type="checkbox"/> Raft building                     | <input type="checkbox"/> Weddings               |
| (If yes, number of)  | <input type="checkbox"/> Rock climbing (with ropes)        | <input type="checkbox"/> Wildlife park          |
| <input type="checkbox"/> Other – please describe:          | <input type="checkbox"/> Roller skates/blades/boards       | <input type="checkbox"/> Zorb ball              |

Do you have written procedures and guidelines for ALL services and activities provided? Yes  No

Are participants advised of potential risks, injuries and obligations? Yes  No

Do you use waivers and/or disclaimers? Yes  No

Are all supervisors/guides/instructors suitably qualified and experienced? Yes  No

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Please advise the ratio of guides/instructors to participants

Are food and commodities sold/supplied? Yes  No

Are you licensed to sell alcohol? Yes  No

Do you have live entertainment? Yes  No

Do you provide any accommodation facilities?  
Fully enclosed buildings? Yes  No  If YES, number of beds:

Caravan/Tent sites Yes  No  If YES, number of sites:

Onsite cabins or similar? Yes  No  If YES, number provided:

Other – Please describe:

Does the property provide any natural facilities/swimming pools/spas or similar? Yes  No

Are all areas and hazards fenced or sign posted? Yes  No

Is the water tested regularly? Yes  No

Do you have a regular cleaning schedule? Yes  No

Do you conduct proper use of chemicals in accordance with instructions? Yes  No

Are all chemicals kept in a dry, well ventilated storage area? Yes  No

Do you own any unregistered vehicles? Yes  No

**Property section**

Are you the sole occupier of the premises? Yes  No

*Buildings and contents should be insured for their current replacement cost with no deduction for depreciation.*

Buildings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
Contents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
Stock in trade	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
Unregistered mobile plant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
Consequential loss (Gross profit)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
Claims preparation costs sum insured	\$ <input type="text"/>	Additional increased cost of working	\$ <input type="text"/>
Payroll sum insured	\$ <input type="text"/>	Gross rentals	\$ <input type="text"/>
Contractual fines and penalties	\$ <input type="text"/>		
Machinery breakdown	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
Deterioration of stock	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
Boiler & pressure vessels	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured \$	<input type="text"/>

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Electronic equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
Fidelity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
General Property (contents anywhere in Australia)				
- Unspecified items	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured \$	<input type="text"/>
- Specified items (attach list of items to be covered)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured \$	<input type="text"/>

Please describe construction of buildings:

Walls:	<input type="checkbox"/> Brick/Veneer	<input type="checkbox"/> Fibro	<input type="checkbox"/> Stone	<input type="checkbox"/> Timber
Floors:	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	
Roofs	<input type="checkbox"/> Tile	<input type="checkbox"/> Iron	<input type="checkbox"/> Thatch	<input type="checkbox"/> Other

Total number of buildings on the site:  When were the buildings constructed?

How far away is the nearest fire brigade?

What fire protection is installed?

<input type="checkbox"/> Extinguishers	<input type="checkbox"/> Hose reels	<input type="checkbox"/> Smoke detectors
<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Heat detectors	<input type="checkbox"/> Dedicated water supply (ie.tank)

What security is installed?

<input type="checkbox"/> Deadlocks	<input type="checkbox"/> Window locks	<input type="checkbox"/> Bars/Grills	<input type="checkbox"/> Local alarm
<input type="checkbox"/> Monitored alarm	<input type="checkbox"/> Guard dogs	<input type="checkbox"/> Security patrols	<input type="checkbox"/> None

Total number of boilers or pressure vessels (domestic or otherwise) on the site

Do you have cooking facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you use deep fryers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have cleaning and maintenance programmes in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you clean flues regularly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the site connected to town water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, is there an alternative supply of water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a filtration system that filters the water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

When was the filtration system installed?

How often is the filtration system serviced/maintained?  Weekly  Monthly  3 months  6 months  Yearly  Other – Please advise:

Is it serviced / maintained by an independent contractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are quality control checks / samples done on the water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, how often?	<input type="text"/>	

Is all your property well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your facilities and equipment comply with the relevant Australian industry standards or building codes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does any facility or equipment need to be certified under the above standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, have they been certified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have on going maintenance programmes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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### Important Notices

#### A. Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

#### B. Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

#### C. Utmost good faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or continuation of cover provided by the Insurer.

#### D. Not a renewable contract

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

#### E. Change of risk or circumstances

It is vital that you should advise us of any departure from your "normal" form of business (ie that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.

#### F. Waiver of rights

If you have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should you now be a party to such an agreement or be requested to enter such an agreement in the future, please advise Your Broker in writing so we may notify the Insurer.

#### G. Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against you including defence costs. We will let you know when the excess is payable.

#### H. Your legal liability

The financial risk of court awards through litigation is ever increasing and we recommend that you select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability.

#### I. Your premium calculation

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your Insurance. Sensitive information we rely on you to have obtained their consent on these matters.

#### J. General insurance code of practice

One Underwriting is bound by the General Insurance Code of Practice and have processes are in place to adhere to the requirements of the Code. Refer to [www.codeofpractice.com.au](http://www.codeofpractice.com.au) for details of the code

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### K. Complaint and dispute resolution.

Any enquiry or complaint relating to your Lloyds policy or a claim should be address to your Client Relationship Manager or via an email sent to One Underwriting Pty Ltd’s mailbox – [oneunderwriting@oneunderwriting.com.au](mailto:oneunderwriting@oneunderwriting.com.au) in the first instance. If your complaint is not satisfactorily and promptly resolved, please contact One Underwriting Pty Ltd’s National Complaints Manager Telephone No. 02 9253 7000 who will attempt to resolve it in accordance with our Complaints and Disputes Handling Policy. You may obtain a copy of this policy from the National Complaints Manager or from our website: [www.oneunderwriting.com.au](http://www.oneunderwriting.com.au) If after 10 days you are still not satisfied with the outcome determined, you should contact Lloyd’s Underwriters’ General Representative in Australia, Suite 2, Level 21 Angel Place,123 Pitt Street, Sydney, NSW 2000 Telephone No. (02) 9223 1433 Facsimile Number: (02) 9223 1466. Alternatively, if your concern is with the Insurer, you may contact the General Insurance Division of the Financial Ombudsman Service on 1300 780 808.

### L. Privacy Statement

1. One Underwriting Pty Ltd is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer our various insurance services we are involved in as set out in the One Underwriting Privacy Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to you on request by your One Underwriting representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your One Underwriting representative or our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If you are disclosing personal or sensitive information about any other person to One Underwriting, you confirm that you have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and you have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, you will inform us before providing the relevant information to us.

By submitting this Proposal form, you acknowledge that you have read the One Underwriting Privacy Notice and agree that we can handle any personal information you have provided to us in the manner set out above.

Unless you tick here, we or any of our group of companies may be in touch by any means (including email or SMS) at any time to let you know about goods, services or promotions that may be of interest to you.

One Underwriting are committed to protecting your privacy. For more information about One Underwriting’s privacy policy, please refer to our website [www.oneunderwriting.com.au](http://www.oneunderwriting.com.au)

### Declaration

I/we declare that the answers given and statements made are to the best of my / our knowledge, true and correct and that I / we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted. I/we furthermore authorise the Underwriter to collect or disclose any personal information relating to this insurance to/from any other Insurers or insurance reference service. I/We understand that I/we am/are not insured until the Insurer confirms its acceptance of this Application.

Signature

Date

## Submit your proposal form

[oneunderwriting@oneunderwriting.com.au](mailto:oneunderwriting@oneunderwriting.com.au)  
phone 02 9253 7600

**Privacy policy.** At One Underwriting we take privacy very seriously.  
For full details please refer to [oneunderwriting.com.au/privacy](http://oneunderwriting.com.au/privacy)

**One Underwriting** ABN 50 006 767 540 AFSL 236 653

GPO Box 1230 Melbourne VIC 3001



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### Supplementary Prevention of Abuse Questionnaire

**(Public liability insurance risk management questionnaire for use when Molestation/Sexual Abuse cover is required in respect of organisations engaged in the care of, or activities involving children and young people under the age of 18 or vulnerable adults).**

In respect of this questionnaire:

“Abuse” (which includes assault or molestation) refers to any physical, sexual, psychological or other harmful wilful and deliberate behaviour/ omission likely to cause bodily injury or illness.

“Vulnerable adult” refers to someone who: “is or may be in need of community care services by reason of mental or other disability, age or illness and

is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation”.

Against a background of greater public awareness concerning “abuse” the potential long-term consequences for victims, increasing recourse to litigation, possible wrongful accusations, and retrospective legal changes we keep under review risk management procedures and our underwriting approach for specific cases.

Put simply, an incident today may give risk to a claim in perhaps 20 or more years’ time.

With this situation, there are complex long-term “abuse” exposure issues for policyholders and insurers alike. Good risk management is seen as a major underwriting factor in the prevention of abuse and the damaging consequences of possible wrongful accusations.

Depending upon the nature of an organisation, there are now a number of statutory provisions relating to pre-trading registration, employment screening and notification requirements concerning individuals who are unsuitable to work with children, young people and vulnerable adults.

Compliance with these provisions will help reduce risk; however, a key element to minimise the “abuse” risk is the ongoing adherence by policy holders and their personnel to good risk management procedures.

Such procedures should be contained in a regularly reviewed, written Client Protection Policy for safeguarding the welfare of children, young people and vulnerable adults receiving care as well as those working or coming into contact with them.

#### **Crucial features of a Client Protection Policy are:**

- That its provisions are embedded in the culture and day-to-day operation of the organisation at all levels with relevant formal training and refresher courses held at least every two years
- An ongoing review of the policy (again at least every two years) so as to maintain current “best practice” in safeguarding procedures and observe any changes to legislation
- The secure retention of all personnel employment reports, liability insurance policies and other relevant incident-related correspondence. Such documents should be retained for no less than 50 years. The requirements of the Privacy Act 1988 should be observed in respect to documents containing personal data.

Such action

- Protects those in your care
- Maintains the integrity of the organisation
- Avoids damaging allegations and possible litigation that can have a profound effect upon those involved
- Assists in the maintenance of a risk management programme, thus fulfilling the obligation of “reasonable care” and/or other specific conditions in accordance with the terms of your public liability insurance.

The following Questionnaire draws attention to the most important features in protection risk management. The completed form will help enable underwriters assess your ongoing approach and provide appropriate insurance terms. We will provide full details of such terms upon completion and return of the Questionnaire.

#### **IMPORTANT:**

##### **A special note relating to record keeping**

Incidents of abuse may only come to light after a long period of time, in some cases many years.

The long-term security of relevant documents including your Client Protection Policy and your Public Liability Insurance Policy is of crucial importance should allegations of abuse arise. All such documents must be securely retained for a minimum of 50 years.

Documents containing personal data (as defined in the Privacy Act 1988) should be securely retained “for as long as necessary”(certainly from an insurance point of view no less than 50 years) to ensure that the documents are available in the event of an allegation of abuse arising.



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The individuals mentioned in the documents should be notified that information about them may be held for a long period of time as part of a client protection risk management programme. This may be best handled by use of a general statement in employment contracts and your published service use/member information literature.

In addition, storage provisions for all such documents must be arranged in the event the organisation ceases operations. Generally acceptable methods of storage in these circumstances would be at the office of a solicitor, accountant or at a professional secure storage company.

### A note regarding your duty of disclosure

Answers to the following questions and information given assist the Company in the assessment of the risk. All relevant facts must be disclosed. Failure to do so may result in the insurance cover being inoperative. Relevant facts are those that would be likely to influence an insurer's consideration of the risk. If you are in any doubt as to whether a fact is relevant it should be disclosed. You should keep a record of all information supplied to the Company in connection with this insurance.

Unless we specifically request, we do not require sight of your written Client Protection Policy. You may be currently developing or updating your Policy. If that is the case you must advise us that the Policy is being developed or reviewed. Whilst we can assist with the structure of your Client Protection Policy, guidance upon protection issues specific to the nature of your organisation should be sought from relevant authorities, central bodies or associations.

## Prevention of Abuse Questionnaire

Name of applicant/insured organisation

Contact name

Phone

Mobile

Email

Fax

Address

Suburb

State

Postcode

Do you have a written Client Protection Policy to guard against abuse of your service users by any person either employed by you, contracted by you or volunteering for you?

Yes  No

If the answer is NO, you will not be eligible to for insurance protection of Molestation/Sexual Abuse related claims against your organisation until such time as a Client Protection Policy is developed.

If the answer is YES, please proceed to the following questions:

### Your Client Protection Policy

When was the policy first implemented?

When was the policy last reviewed and updated?

When is the policy scheduled for its next review/update?

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- Are all your personnel (employees/volunteers/contractors) aware of the policy and do they have access to it? Yes  No
- Do you provide or facilitate formal training on the policy including formal refresher/procedure update training based upon current “best practice” and changes to legislation for all of your personnel? Yes  No
- Do new appointees receive formal induction Client Protection training prior to engagement in their duties and are they supervised during their probationary period? Yes  No
- Do you comply with all relevant state child/vulnerable person protection legislation? Yes  No
- Does your Child Protection Policy confirm that:
- You ensure that a volunteer will be a member of the organisation for 6 months before working with children or vulnerable adults, unless working in the same room as an employee or longer serving (more than 6 months) volunteer. Yes  No
  - You undertake a formal interview of all candidates including analysis of past experience working with children or vulnerable adults. Yes  No
  - You enquire with previous employer regarding suitability for position. Yes  No
  - You contact at least two referees supplied by the candidate, obtain a criminal record check and working with children check. Yes  No
  - You prohibit any employee or volunteer from working with children or vulnerable adults if they have prior convictions relating to violent or sexually related offences. Yes  No
- There is a procedure for dealing with and reporting reasonable suspicions of abuse which includes:
- The appointment of an independent person to investigate any incident. Yes  No
  - A documented reporting process with escalating procedures. Yes  No
  - A policy for employees and/or volunteers to report reasonable suspicions of molestation/sexual abuse to the Insured and that police authorities and your Insurer will be notified Yes  No
  - A policy that assures the details of those reporting abuse will be kept private and confidential Yes  No
  - You actively encourage the reporting of abuse. Yes  No
  - You are committed to being an environment where either a victim or employee/volunteer feels able to report abuse. Yes  No

**Claims and/or incidents of abuse**

In respect of any of your activities, have there been any claims made, or are you aware of any circumstances which might be reasonably expected to give rise to a claim for abuse? Yes  No

If YES, please provide full details and relevant dates.

	Date	
	Date	
	Date	
	Date	
	Date	

**Declaration**

I/We declare that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.

Name		Position	
Signature		Date	