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Safeguard - Australia

New Business

Safeguard New Business application

Instructions

PLEASE ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE PRINT NONE. ATTACH SEPARATE SHEETS OF PAPER AS NECESSARY. THE APPLICATION MUST BE SIGNED AND DATED BY THE HIGHEST RANKING CLERGY OR EXECUTIVE. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

Section 1 – General information

1. Name of applicant:

2. Mailing address:

City:

State:

Post Code:

Phone:

Website:

3. Risk management contact:

Phone:

Email:

4. Years in operation:

5. Industry: Education Transportation Non-profit Healthcare Religious
Contractor Leisure Other

Please complete Industry supplement if any industry except 'Other'.

6. Description of service:

7. Reason coverage is requested (e.g. contractual requirement):

8. Please complete financial data below:

Financial information	Last year (20)	Last year (20)
Cash	\$	\$
Current Assets	\$	\$
Total Assets	\$	\$
Current Liabilities	\$	\$
Total Liabilities	\$	\$
Annual Revenues	\$	\$
Net income/loss or Net assets (NFPs)	\$	\$

Or, alternatively, please provide this year's and last year's audited income statements, balance sheets and cash flow statements for the organisation.

9. Has the applicant merged with any other entity in the past 10 years or planning to do so in the future or has there been any significant change in the operations or scale of the organization? Yes No
 If 'Yes', please provide full details. (Please use a separate sheet of paper if necessary)

Section 2 – Past coverage

10. Prior Sexual Misconduct Liability Coverage for the last five years, please list most recent first.

Period from (dd/yy to dd/yy)	Claims made or occurrence	Insurer	Limit	SIR	Premium
to					
to					
to					
to					
to					

11. Retroactive date: (mm/dd/yyyy) / / Yes No
 Has continuous coverage been in force without a gap since the retroactive date provided?

- | | | |
|--|-----|----|
| 12. Has any applicant ever cancelled or non-renewed this type of coverage:
(If 'Yes', please identify the provider and explain on a separate sheet of paper.) | Yes | No |
| a. If so, has there since been any discontinued or added services?
If 'Yes', please describe: | Yes | No |

Section 3 – Applicant Organisational Details

13. Nature of Activities and Operations. Check all that apply:

Aquatics	In-Patient Medical/Behavioural Health Services and Ambulatory Care	Resort
Colleges/Universities	Long Term/Senior Care Facilities	Salon/Spa
Community Activities/Outreach	Massage Services	Schools
Congregant Care/Group	Mentoring Programs	Social Services
Homes Counselling	Outpatient Behavioural Health Services	Sponsored Events
Day Camps	Outpatient Medical Clinics	Third Party Use of Facilities/Locations
Drop-In/Recreation Centres	Overnight/Residential Activities and Programs	Transportation
Foundations	Property Manager	Virtual Operations
Hospitality	Religious Organizations	Youth Development
In-Home Services		Youth Sports

Section 4 – Staff details

14. Please complete staff grid below:

	Number of employees	Number of volunteers	Number of other staff	% of males
Individuals with client contact				
Individuals without client contact				
Totals:				

Please confirm if there are any minors acting as employees, volunteers or any other staff role for the insured organization.

Yes No

15. Please confirm the states and/or countries where individuals listed in question 14 (above) are located (list state and/or country and number of all staff):

State/ Country		State/ Country		State/ Country		State/ Country		State/ Country	
#employees		#employees		#employees		#employees		#employees	

If staff are based in more than 5 states and/or countries, please attach a separate schedule.

16. Annual Turnover Rate for the past 2 years (all individuals from question 14):

Year		Year	
Turnover %		Turnover %	

Historical headcount for the past 5 years (all staff from question 14):

Year		Year		Year		Year		Year	
Headcount		Headcount		Headcount		Headcount		Headcount	

Section 5 – Client details (clients may include program participants, students, patients, etc.)

17. Client population

Type of client served	Total number clients served annually	% Percentage served annually by age			
		0-10 yrs	%	11-18 yrs	%
Children/Youth		19-65 yrs	%	65+ yrs	%
Vulnerable Adults		19-65 yrs	%	65+ yrs	%
Other		19-65 yrs	%	65+ yrs	%

Section 6 – Loss prevention methods

Screening

18. Identify the methods used in the screening and hiring process for all individuals listed in question 14 (above). For any individuals who are minors, use the additional details section to describe any differences in the screening process:

	Employees		Volunteers		Additional details
Standard application	Y	N	Y	N	
Code of conduct	Y	N	Y	N	
Interview (Face-to-face or virtual)	Y	N	Y	N	
Standardized behavioural questions specific to role	Y	N	Y	N	
More than one interview	Y	N	Y	N	

Criminal background check

Multi-State (Nat'l) Criminal Database(s) <i>Describe the source/how search collected: fingerprint, SSN and name based, etc.</i> If repeated - how often:	Y	N	Y	N	
Nat'l Sex Offender Registry If repeated, how often:	Y	N	Y	N	
Other <i>(E.g. Current county of residence; Additional counties from last 7 years; State-Based Search, MVR/DVM, International criminal checks, Abuse Registry Checks for licensed programs etc.)</i> If repeated - how often:	Y	N	Y	N	
Working with children check	Y	N	Y	N	

Reference Check

Standardized questions for references risk to abuse	Y	N	Y	N	
Professional reference checks If 'Yes', how many?	Y	N	Y	N	
Personal reference checks If 'Yes', how many?	Y	N	Y	N	

Section 7 – Training

19. Does the applicant require everyone identified in question 15 (above) to participate in training that addresses the following – please tick the relevant answer:

- | | All | Client facing only | None |
|---|----------|--------------------|----------|
| a. The organization’s policies related to preventing and responding to abuse: | | | |
| b. How to maintain appropriate boundaries with vulnerable populations: | | | |
| c. How to monitor and supervise higher-risk activities: | | | |
| d. How to respond to allegations or incidents of abuse, including applicable mandated abuse reporting requirements: | | | |
| e. How to respond to incidents of inappropriate behaviour or sexual activity between vulnerable populations | | | |
| f. If only some individuals receive this training but not all, explain: | | | |
| | | | |
| g. Is the training provided prior to access with vulnerable populations? | | Yes | No |
| h. How often is the training repeated? | Annually | Never | Other |
| i. Who conducts the abuse prevention training?
Please describe who conducts the training: | | Internal | External |

Section 8 – Policies

20. Is there a specific person or department that administers, establishes, monitors and enforces policies and procedures across all locations and departments?

Specific Person Department Neither

21. When was the last time you reviewed and/or updated your abuse or molestation policies?

Date of last review: / / Date of last update: / /

22. Are there specific written policies, that apply to all individuals listed in question 14 (above), that define the following?

If any items are marked 'Yes', please attach copies:

Written policy defining...	Yes	No
Abuse and/or molestation		
A zero tolerance for abuse and molestation in applicant's care?		
Appropriate and inappropriate physical and verbal interactions (high fives, lap sitting, jokes, extent of disclosure of personal information, etc.)?		
Appropriate and inappropriate client interactions during in-home services?		
Appropriate and inappropriate electronic communication with vulnerable populations. (cell phone, texting, email, social networking and gaming sites, internet, etc.)		
Appropriate and inappropriate interactions with vulnerable populations in your care outside of regular program activities (babysitting, private tutoring, coaching, clients visiting staff at home, meeting for coffee, personal travel, etc.)?		

If these policies apply to only some individuals but not all, explain:

- a. Does the applicant require the individuals identified in question 14 (above) to sign a written acknowledgement of receipt, review, and comprehension of your abuse or molestation policy(ies)? Yes No
- b. If one-on-one encounters are permitted with clients, please explain how often these situations occur, who these encounters involve, where they would take place, how the interactions are monitored and whether there are written procedures defining how to manage this type of risk.

Please use a separate sheet of paper if necessary.

23. If these policies apply to only some individuals but not all, explain:

Section 9 – Monitoring and Supervision

24. Identify the mechanisms used to control and monitor access to the facility in day-to-day operations:

Mechanism	Yes	No	N/A	Additional comments
a. Designated security personnel				
b. Gated property				
c. Internal keys, fobs and/or locks within the interior spaces				
d. Check-in and Check-out procedures				
e. Rooms with unobstructed windows for observations and/or open-door policies - please specify				
f. Exterior and/or interior cameras – please specify				
g. How long is the video footage saved – if applicable				

25. Are volunteers supervised at all times while interacting with participants? Yes No

Section 10 – Incident Reporting and Response

26. Does the applicant have formal reporting procedures for employees, volunteers, other staff, clients and third parties to raise complaints, grievances, and/or suspected abuse? Yes No
 If 'Yes', please describe and provide details on how this information is communicated (i.e., website, employee handbook, parent handbook, posting notice, etc.)

Are anonymous reporting procedures an option? Yes No

27. Does the applicant have written procedures for responding to the following? Yes No

a. Suspected misconduct, abuse, or molestation (i.e. mandated reporting for adult-to-child incidents) Yes No

b. Policy violations or suspicious behavior that might not rise to the level of abuse?(i.e. adult-to-child) Yes No

c. Abuse or sexualized behaviors between vulnerable populations (i.e. child-to-child) Yes No

Section 11 – Loss history

28. Please furnish the past ten years' first dollar loss history for all sexual misconduct claims. None See attached

Period from (dd/yy to dd/yy)	# Claims paid	# Claims loss	Total paid expenses	Total paid losses	Total reserved expenses	Total incurred
to						
to						
to						
to						
to						
to						
to						
to						
to						
to						

Please complete the Safeguard claims supplement for any sexual misconduct claim, including details on whether the person identified was terminated from their role, and what corrective action was taken in response to the incident.

29. Is the applicant aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you? Yes No

If 'Yes', please provide details on a separate sheet of paper.

30. Has the applicant or any person listed in question 14 (above) currently seeking coverage been involved in an allegation or claim relating to sexual abuse or been transferred in or out of your school, parish/diocese, branch or corporate location because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct? Yes No

If 'Yes', please provide details:

(Please use a separate sheet of paper if necessary)

31. In the past 10 years, have any person listed in question 14 (above) or officers been terminated for cause related to sexually abusive behavior? Yes No

If 'Yes', please provide details:

Claims handling

32. How do you handle allegations of sexual abuse or molestation? Does the organisation employ a mandated reporter to manage the reporting of any sexual abuse or molestation as required by state law?

(Please use a separate sheet of paper if necessary)

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 US OF SUCH CHANGE. 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 AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS NOT PROPERLY REPORTED UNDER THE TERMS AND CONDITIONS OF THE APPLICABLE POLICIES.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

Applicant's authorized signature of a principal, partner or officer:

Title:

Date: / /

Applicant's authorized signature of the individual in charge of the human resources or personnel department:

Title:

Date: / /