



Intact Insurance Company

Commercial General Liability Abuse Questionnaire

Applicant Instructions:

- 1. Signing of this form does not bind the Applicant to complete the Insurance.
2. Please answer all questions leaving no blank spaces.
3. If there is insufficient space to complete your answers, please attach details.

1. Name of Applicant:
If a Corporation, please provide names of Principals:

2. Address: (Number) (Street) (City) (Prov.) (Postal Code)

3. Do you have any Subsidiary Companies, Franchisees, Related Organizations or Individuals? [ ] Yes [ ] No

If yes, give full details:

4. Give complete description of Applicant's business or operations:

5. a. How long has Applicant been operating ?

b. Have any of the Principals, in the past 10 years, operated another similar business? [ ] Yes [ ] No

If yes, attach full details.

6. a. Total number of: Employees - salaried Employees - under contract
Independent Contractors Volunteers
Franchisees Franchisee's Employees

b. How many people in your care? Children or juveniles
Mentally or physically challenged adults
Others

c. How many employees have care of: Children or juveniles?
Mentally or physically challenged adults?
Others?

Table with 4 columns: Occupation of Employee, Professional Accreditation, Work with Children, Work with Adults. Contains 6 empty rows for data entry.

7. What procedures do you follow to screen prospective employees? [ ] Check institutional references? [ ] Police check
[ ] Others, please describe -



8. a. Do you have a formal written policy for your employees relating to their relationships with their patients, including physical, sexual and mental abuse?  Yes  No If yes, attach full details.

b. What are your procedures for handling allegations or complaints made about your employees?

9. Have any allegations of abuse been made against you, your employees, or any other person associated with your organization during the past 10 years?  Yes  No

If yes, give full details including whether such allegations were made to any Governmental authority, including the police.

10. Give details of all liability insurance carried during past three years:

Type of Policy	Policy Number	Company	Expiry	Limits	Abuse Exclusion	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

11. Give details of all claims arising from abuse made against you, your employees, or any other person associated with your organization during the past 10 years.

Date of Occurrence	Amount		Details of Claims
	Paid	Outstanding	

I/We declare that the statements made above are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Broker: \_\_\_\_\_

**Note: Commercial General Liability provides no coverage for criminal actions or intentional acts.**