



Co-operators General Insurance Company

DAY CARE QUESTIONNAIRE

(SUPPLEMENTAL SEXUAL ABUSE/HARASSMENT QUESTIONNAIRE)

Policy/Quote #:

1. Does your business/organization have a formal written sexual abuse/harassment prevention plan in place? Yes No
2. Is this formal prevention plan shared with all employees/volunteers? Yes No
3. Does your formal prevention plan contain a statement of policy confirming your business'/organization's commitment to providing:
 - a) a safe environment by preventing harm to those in your care? Yes No
 - b) declaring zero tolerance for sexual abuse, harassment, molestation, corporal punishment or neglect? Yes No
4. Does your formal prevention plan include an "open door policy" and/or a "two adult rule" when dealing with children? Yes No
5. Are the employees/volunteers attending off site activities aware of your formal prevention plan? Yes No
6. Does your business/organization's screening procedure for all employees/volunteers include the following?
 - a) signed employee/volunteer application (including release for references and criminal record checks) Yes No
 - b) criminal record check Yes No
 - c) background reference checks (minimum 2) Yes No
 - d) personal interviews Yes No
7. Does your formal prevention plan include guidelines for responding to incidents of alleged abuse or harassment, including:
 - a) completion of a written incident report Yes No
 - b) fulfilling statutory reporting obligations to child protective agencies or police authorities Yes No
 - c) assuring serious and compassionate response to allegations without admitting legal liability or making public statements without the aid of legal council Yes No

- d) maintaining confidentiality for alleged victim and perpetrator Yes No
- e) immediately suspending alleged perpetrator pending outcome of the investigation Yes No
- f) requiring consultation with a lawyer and reporting the incident to the insurance company Yes No

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION CONTAINED IN THE DOCUMENTS SUBMITTED WITH IT ARE TRUE. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THE QUESTIONNAIRE SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

/ /
Date: dd-mm-yyyy

Name of authorized representative (please print)

Signature of authorized representative

Title