

Beazley | Safeguard Religious Organization
Supplement

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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 EACH OF THE STATEMENTS AT THE END OF THE APPLICATION BEFORE SIGNING.

Section 1 – General information

1. Name of applicant:

Section 2 – Applicant details

2. Please complete employee grid below:

	Number of employees	Number of contractors	Number of volunteers	% of males
Priests or clergy				
Religious order priests				
Coaches				
Counsellors				
Teachers				
Office staff				
Missionaries (within domicile)				
Missionaries (outside of domicile)				
Foreign missionaries (visitors)				
Social Worker/Child Support Case Officer				
Other (please describe)				
Totals:				

Section 3 – Organization details

3. Size of parish/members/congregation.
4. Please identify the types of programs and services applicant provides. Check all that apply.

Services

Day camps
 Overnight camps
 Third party usage of site for camps
 Religious education
 Counselling services
 Child care
 Athletics programs/facilities

Services

Foreign trips/pilgrimages
 Foster care
 Adoption services
 Orphanages
 Schools/Colleges
 Healthcare
 Seminaries

Section 4 – Loss prevention Efforts

5. Please identify the loss prevention methods the applicant implements. Check all that apply.

Method

Security on site
 Cameras
 Access to a safe individual to disclose concerns to

Method

Resources and helplines
 Clearly defined screening and recruitment process for volunteers
 Designated supervisors for volunteers

6. Does the applicant have a set of abuse prevention policies, procedures, or expectations that may apply as a part of its hierarchy and/or religious affiliation (i.e., *Catholic Charter for the Protection of Children and Young People*)? Yes No

If 'Yes', please explain:

7. Does the applicant have procedures in place to address situations when a member of the congregation/applicant's community is a known or registered sex offender? Yes No

a. If 'Yes', please describe the process:

b. Please attach copies of any limited access or safety plans.



8. Do religious leaders and others who provide spiritual guidance receive additional training on how to build and maintain appropriate boundaries in pastoral relationships? Yes No

a. If 'Yes', describe what is covered by this training:

b. If 'Yes', how often is this training repeated? Annually Never Other:

9. Does the applicant have a process to register and track any visiting faith leaders or missionaries who may have access to vulnerable populations? Yes No

If 'Yes', describe whether and how these individuals are screened, training, and supervised:

10. Does the applicant have a process to register and track all new and ongoing programs, activities, and financial contributions that involve vulnerable populations (including mission-based outreach)? Yes No

11. Describe any other loss prevention methods designed to prevent abuse and molestation of vulnerable populations not previously addressed.



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.

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: / /

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

