

SEXUAL ASSAULT, ABUSE OR MOLESTATION ADDENDUM

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HOSTSURE
UNDERWRITING AGENCY

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

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

How long do You securely retain documents containing personal data?	
Have You obtained Prohibited Employment Declarations from all of Your paid and volunteer employees who are working in child / vulnerable person related employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You undertake police checks / Working with Children Checks for all of Your paid and volunteer employees who are working in child / vulnerable person related employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You interview and check references for all of Your paid and volunteer employees who are working in child / vulnerable person related employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You ask parents of newly enrolled children about the child's history at other centres to provide details of those centres and to disclose any behaviours exhibited by the child previously so that appropriate risk management measures can be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You have child / vulnerable person protection guidelines with procedures for dealing with sexual assault, abuse or molestation complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often are adults formally left alone with children / young people / vulnerable persons on a one-on-one basis?	
For what period of time are adults formally left alone with children / young people / vulnerable persons on a one-on-one basis?	
What activities are conducted whilst caring on a one-on-one basis?	
Do You require retroactive cover prior to the inception date? If "Yes", what date have You held continuous sexual assault, sexual abuse or sexual molestation cover since?	<input type="checkbox"/> Yes <input type="checkbox"/> No / /
Are You aware of any person who attends or is involved with Your organisation that has previously committed a molestation or child / vulnerable person abuse offence? If "Yes", please provide details on a separate page and attach to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have You ever received complaints relating to molestation / sexual abuse or similar? If "Yes", please provide details on a separate page and attach it to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do You organise or manage camps? If "Yes" please advise:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Destination	Camp duration	No. of times per year	No. of participants	Age range of participants
Do You provide housing or accommodation? If "Yes", please advise:				<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of beds	Purpose of accommodation	Frequency of use		Duration of stays

PLEASE CHECK YOUR QUESTIONNAIRE CAREFULLY BEFORE SIGNING THE DECLARATION BELOW.

DECLARATION

I acknowledge that:

- 1) All information given on this Addendum and any attachment is true and correct.
- 2) This Addendum and any attachment will form part of the Proposal.

I / We declare that the above answers are true to the best of My / Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.

Your signature

Your name

Date

Your title