

Abuse Underwriting

QUESTIONNAIRE

Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper

Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information that you know or ought to know following a reasonable search of information available to you. Please take all reasonable care to answer all of the questions honestly, clearly and to the best of your knowledge. If you do not answer all the questions correctly, or the declaration honestly, your policy may be cancelled and any claim rejected or not fully paid.

The completion and signature of this questionnaire does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

General Information

Named Insured	
Policy Number	
Survey Contact	

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Do you have a written policy statement (which mentions / refer to a whistle blowing approach / policy) on the protection of children and / or vulnerable adults? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Do you have documented instructions on the protections of children and / or vulnerable adults including guidelines on intimate care and appropriate contact? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Have all staff been trained in the currently acceptable method of restraint recommended by CSCI, Ofsted or similar government bodies? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you have a designated person responsible for all issues regarding the protection of children and / vulnerable adults? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Where relevant, do you have written guideline on the supervision of children and / or vulnerable adults during activities away from your main premises?
If this question is not relevant answer Yes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Do you follow robust recruitment policies including following up references, enhanced DRB checks, checking declared qualifications and so on? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Do you provide knowledge to your employees of your vulnerable adult and child protection procedures? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Do you have a formal procedure for dealing with complaints or concerns regarding abuse? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Is all documentation relating to care of children and / or vulnerable adults Easily accessible and retained for at least 20 years? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

10. Do you have written guidelines on the roles and responsibilities of all employees and other persons providing services on your behalf e.g. therapy leaders, building contractors and so on (due to the potential for abuse from unsupervised access to children or vulnerable adults)? Yes No
11. Do you have a separate and secure means to store materials relating to allegations or concerns? Yes No
12. Is the following statement true? "No employee has ever been interviewed in connection with, or been the subject of, any abuse investigation or enquiry". Yes No

Declaration

Must be signed by a Principal/Partner/Member/Director or functional equivalent

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this questionnaire are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this questionnaire has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We declare that I/We have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers Insurance Company Limited.

I/we have read the above and declare that to the best of my/our knowledge and belief the statements are true and complete.

Signature of the Proposer

Print name and position held

For and on behalf of

Date

NO COVER IS IN FORCE UNTIL CONFIRMED BY THE COMPANY

Using Personal Information

How we treat information about you and your rights under data protection legislation

In order to provide our insurance services, we (Travelers Insurance Company Limited acting as a Data Controller) will collect certain personal information about you. The type of information that we collect will depend on our relationship with you. For example, you may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If you provide us with personal information about a third party, you should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover we are being asked to provide or the kind of claim we are being asked to assess or pay.

Some of the information we collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, we will share your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with our products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries inside and outside the European Economic Area.

If your policy includes motor cover, your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC).

We may also use your personal information for marketing purposes, but only in accordance with your marketing preferences.

For more information about how we process your data and the rights you have, please click <http://www.travelers.co.uk/main/privacy-policy.aspx>

travelers.co.uk

Travelers Insurance Company Limited, 61-63 London Road, Redhill, Surrey RH1 1NA

Travelers Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Registered Office: One Creechurch Place, Creechurch Lane, London, EC3A 5AF. Registered in England 1034343

TRV2563 12/19