

For the purposes of this questionnaire:

1. Vulnerable adults are defined as any person aged 18 or over who is in need of assistance by reason of mental, physical or learning disability, age or illness and who is unable to take care of themselves or unable to protect themselves against harm or exploitation which may be occasioned by the acts or omissions of other people.
2. The term employee includes any volunteer, defined as any person who performs any activity paid or unpaid for the club or association.
3. Disclosure and Barring Service (DBS) shall mean any disclosure service operated in England and Wales, Scotland or Northern Ireland.

1. Your Details

Insured Name:

Sportscover Policy Number:

2. Internal Policies & Procedures

Do you have a written policy statement and written instructions that specifically address each of the following?

- a. The protection of children or vulnerable adults? Yes ☐ No ☐
- b. Managing challenging behaviour, bullying and acceptable restraint? Yes ☐ No ☐
- c. Employee disciplinary and grievances? Yes ☐ No ☐ N/A ☐
- d. Designated persons responsible for all issues, complaints or allegations regarding the protection of children or vulnerable adults? Yes ☐ No ☐
- e. The roles, responsibilities and acceptable behaviours of all employees and other persons providing services on your behalf? Yes ☐ No ☐
- f. Appropriate contact with children or vulnerable adults? Yes ☐ No ☐
- g. The supervision of children or vulnerable adults during activities away from your main premises? Yes ☐ No ☐ N/A ☐
- h. Method to ensure continued compliance with regulations and guidance on the protection of children and vulnerable adults? Yes ☐ No ☐
- i. Written risk assessments for all activities involving children or vulnerable people, including ratio of adults to children or vulnerable people? Yes ☐ No ☐
- j. Separate and secure means to store material relating to allegations or concerns? Yes ☐ No ☐

3. Employee Recruitment

- a. Are all employees required to complete a written application form? Yes ☐ No ☐ N/A ☐
- b. Do you verify the identity of all applicants prior to employment? Yes ☐ No ☐ N/A ☐
- c. Are written references requested and independently verified for all employees? Yes ☐ No ☐ N/A ☐
- d. Do you undertake DBS checks on all employees prior to employment and regular DBS checks on existing employees? Yes ☐ No ☐ N/A ☐
- e. Are all prospective employees required to declare prior abuse convictions and whether they have been or are under investigation for abuse or inappropriate behaviour? Yes ☐ No ☐ N/A ☐

f. Have any employees in the past or present ever been interviewed in connection with or been the subject of any investigation or enquiry into abuse or inappropriate behaviour?

Yes ☐ No ☐ N/A ☐

If Yes, please provide details:

4. Training

a. Does your induction training for employees include awareness of the protection of children and vulnerable adults?

Yes ☐ No ☐ N/A ☐

b. Do all employees receive a summary of your protection procedures for children and vulnerable adults?

Yes ☐ No ☐ N/A ☐

c. Do you record the receipt including signature by employees of all policy procedures and guidelines?

Yes ☐ No ☐ N/A ☐

d. Do all employees receive relevant training in the protection of children and vulnerable adults?

Yes ☐ No ☐ N/A ☐

5. Incident Handling

a. Do you have a formal procedure for dealing with complaints or concerns regarding abuse or neglect?

Yes ☐ No ☐

b. Does it include a whistle-blower policy whereby unacceptable conduct of employees can be reported without recrimination?

Yes ☐ No ☐

c. Does it include guidelines on how to respond to allegations or concerns regarding abuse, neglect or inappropriate behaviour?

Yes ☐ No ☐

d. Do you have a designated person to whom all complaints or concerns regarding abuse, neglect or inappropriate behaviour are reported?

Yes ☐ No ☐ N/A ☐

If Yes, please detail their role in the club/association and their title:

e. Are all such concerns or complaints recorded?

Yes ☐ No ☐

If Yes, please detail for how long they are retained:

6. Your Information

We and the Insurer may use personal information in order to write and administer this Policy, including any claims arising from it. This information may include basic contact details such as names, addresses, and policy number, but may also include more detailed personal information about individuals (for example, their age, health, details of assets, claims history) where this is relevant to the risk we are underwriting on the Insurer's behalf, or services being provided, or to a claim that is being reported.

The Insurer is part of a global group, and information may be shared with their group companies in other countries as required to provide coverage under this Policy or to store information. The Insurer also uses a number of trusted service providers, who will also have access to personal information subject to the Insurer's instructions and control.

Individuals have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This notice represents a condensed explanation of how the Insurer uses personal information. For more information, please refer to their Data Privacy Notice. The Insurer's full Data Privacy Notice can be found at: <https://www.agcs.allianz.com/site-tools/privacy/>.

This explains how and what type of personal data will be collected, why it is collected, and to whom it is shared or disclosed. Please read the notice carefully as it also informs you about your rights concerning your personal data and how you can get in touch with Allianz Global Corporate & Specialty SE in case you have questions or need additional information and support in this regard.

A copy of Sportscover's full Data Privacy Notice can be found at: <https://sportscovereurope.com> or can be obtained by contacting the Data Protection Officer via:

Data Protection Officer

Sportscover Europe
6th Floor, Sackville House,
143-149 Fenchurch St. London,
EC3M 6BN

Email: enquiries@active-risk.com

7. Declaration

I/we confirm that the information given in this proposal form is correct, accurate, and complete and that I have made a fair presentation of the risk.

Name of director/officer/board member/senior manager:

Signature of director/officer/board member/senior manager:

Date:

A copy of this proposal should be retained for your records.