



Sexual Abuse and Molestation Application

Application Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.
3. Please attach the following information:
 - a. Copy of applicant's hiring and background check guidelines
 - b. Additional explanation to questions herein where appropriate

Named Insured: _____

Mailing Address: _____

1) Type of Operation:

Corporation for profit Corporation non for profit Educational Residential Care
 Religious Institution Other (please specify) _____

2) Years in Operation _____ 3) Number of Locations _____

4) Description of Services _____

5) Annual Revenue \$ _____ 6) Annual Operating Budget _____

7) Coverage Desired _____

8) Employees and Volunteers _____

	Number	% Male	% Female
Full Time employees			
Part Time employees			
Volunteers			

9) Annual Turnover Rate _____ % 10) What is the ratio of staff to clients? _____

11) Number of employees and volunteers with direct client contact: _____

12) Prior Sexual Misconduct Insurance Coverage for the Last Five Years

Period	Carrier	Limits	Premium	Retro Date

13) Has any applicant ever canceled or non-renewed this type of coverage? Yes No
If Yes explain: _____

14) Does the organization express in writing employees or volunteers are prohibited from working alone with a single client? Yes No

If Yes explain: _____

- 15) Are at least three references secured on all prospective employees? Yes No
- 16) Are prospective employees/volunteers checked with the Child Abuse Register and with law enforcement agencies for criminal records? Yes No
- 17) If No to any of the above, please describe steps taken to ensure that these individuals are qualified for job responsibilities: _____

- 18) Is more than one person responsible for the welfare of clients? If Yes, please describe: _____

- 19) Is any counseling conducted at off premise locations? (i.e. clients' or counselor's or student's homes) Yes No
If Yes explain: _____

- 20) If transportation is provided, is there more than one adult present at all times? Yes No
- 21) Are there rules or guidelines prohibiting closed door one-on one meetings? Yes No
- 22) Do you oversee any overnight stays? Yes No
- 23) Are volunteers directly supervised by an employee when interacting with children or vulnerable adults?o
Yes No
- 24) Are volunteers/staff members required to complete organizational abuse prevention training?
Yes No
- 25) Are the items listed below included in the operations handbook for all staff members (employees and volunteers)?
- | | | |
|-----|----|--|
| Yes | No | A zero tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the applicant's care. (Please attach a copy). |
| Yes | No | A written procedure for governing the interactions between employees/volunteers and children or other vulnerable persons in your care outside of regular program activities. (Please attach a copy). |
- 26) Does the Applicant have a written procedure to respond to allegations of abuse? Yes No
- 27) Does the Applicant have a written procedure for reporting allegations of abuse to authorities? Yes No
- 28) Does the Applicant have a written procedure for responding to reports of suspicious or inappropriate behaviors? Allegations of abuse? If "Yes", please attach a copy. Yes No
- 29) Have any of the applicant's employees been transferred in or out of your organization because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct? Yes No
If "Yes", were the proper authorities notified? _____
- 30) In the past 5 years have any employees, volunteers, clergy, or officers been terminated for cause related to sexually abusive behavior? Yes No
- 31) Has the Applicant merged with any other entity in the past 5 years? Yes No

32) Does the Applicant plan to add any additional programs in the next year?

Yes No

33) Please Provide the Past Five Years' First Dollar Loss History For All Sexual Misconduct Claims.

Period	# of Claims Reserved	# Claims Paid	Total Paid Losses	Total Paid Expenses	Total Reserved Losses	Total Reserved Expenses
From /To						
From /To						
From /To						
From /To						
From /To						
From /To						
From /To						

FRAUD WARNING

Notice to Applicants of all states except California, Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to California Applicants:

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Kentucky Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Louisiana Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each provision.

Notice to Oregon Applicants:

Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Puerto Rico Applicants:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to Virginia Applicants:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Washington D.C. Applicants:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

The applicant must sign this Application within 45 days prior to the policy inception date

By signing this application I am attesting to the accuracy of information provided by the applicant. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

* Signing this application does not bind the applicant or the company to complete the insurance.

Signature of Applicant: * _____ Date: _____

Title: _____