

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? 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						

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.

Signature of Applicant: * _____ Date: _____

Title: _____

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