



Sexual Misconduct and Molestation Liability Supplemental Application

THIS IS AN APPLICATION FOR CLAIMS MADE AND REPORTED COVERAGE. THIS APPLICATION IS NOT A BINDER.

This application is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet.

1. NAME OF APPLICANT				
2. OPERATIONS/SERVICES				
a. Description of operations:				
b. Does the Applicant sponsor or participate in overnight activities or events? For overnight activities, please describe the steps taken to ensure that client-to-client contact is avoided (e.g., separating male sleeping quarters from female sleeping quarters):				<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are staff* members, other than employees, directly supervised by an employee when interacting with children or vulnerable adults? If "NO", please explain when these situations occur and how the interactions are monitored:				<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do staff* members ever have children at their home?				<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do staff* members ever spend time at the home of any child? If "Yes", is there a guardian present at all times?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
f. If transportation is provided:				
1. is there more than one adult present at all times?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. is there GPS tracking/monitoring services in each vehicle?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. STAFF* BREAKDOWN				
a. Total staff* count:				
b. Total staff* with client contact:				
c. Please provide a breakdown of staff* count below:				
	Total number (annual)	% Male	% Female	Client Contact?
Full time employees				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part time employees				<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteers				<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Contractors & Sub-Contractors				<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If you included independent contractors and/or sub-contractors in the staff* count above, are such contractors dedicated agents or representatives of the Applicant?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e. Annual turnover rate:				
4. LOSS PREVENTION EFFORTS				
a. Check all loss prevention methods used by the Applicant in the screening and hiring of employees, volunteers and independent contractors. Please attach a copy of any items in bold.				
Loss Prevention Methods	Employees	Volunteers	Contractors	
1. Standard Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Code of Conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Interviews	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In-person interview	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standard list of interview questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Behavioral interviewing techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interview by more than one person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Reference Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard questions for references	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Criminal background checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. National Abuse registry checks (required upon binding)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Checklist of indicators that may indicate increased risk of abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Other (describe): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the organization have a written policy prohibiting any person accused of abuse or molestation from working alone with a client?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are staff* members required to complete annual abuse prevention training?			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the Applicant have a central administration to establish, monitor and enforce policies and procedures across all its locations? If "NO", please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are the items described below included in the Applicant's operations handbook or written policies/procedures: 1. a zero-tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the Applicant's care? (If "YES", please attach a copy) 2. a written policy that defines appropriate and inappropriate displays of affection? (If "YES", please attach a copy) 3. a written procedure for governing the interactions between employees/volunteers and children or other vulnerable persons in your care outside of regular program activities? (If "YES", please attach a copy) 4. a written procedure for managing the risk when one employee/volunteer is alone with a child or other vulnerable person? (If "YES", please attach a copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does senior management review and approve in writing any new policies and procedures referenced in question 4.e. above?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. CLAIM HISTORY			
a. After complete investigation and inquiry, does the Applicant, any principal, partner, director, officer or employee thereof, or any other person proposed for this insurance, have knowledge of any act, fact, situation, incident, circumstance or allegation of abuse, molestation or sexual misconduct that is or could be the basis for a claim under the proposed insurance? If "YES", please complete a Claim Supplemental Form for each incident/allegation, and report knowledge of all such incidents/allegations to your current carrier prior to your current policy expiration.			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Has the Applicant or any staff* member proposed for this insurance been involved in an allegation or claim relating to abuse (sexual or non-sexual) or molestation? If "YES", please complete a Claim Supplemental Form for each claim/incident.			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has any member of the Applicant's staff* been transferred in or out of any of your programs, schools, parishes/dioceses, branches or corporate locations because they were involved in or suspected of sexual misconduct, or had allegations of sexual misconduct lodged against them? If "YES", please complete a Claim Supplemental Form for each claim/incident.			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. In the past 10 years, has any member of the Applicant's staff* been terminated for cause due to allegations of abuse (sexual or otherwise)? If "YES", please complete a Claim Supplemental Form for each claim/incident.			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. COMPLAINTS PROCEDURES	
a. Does the Applicant have a written procedure to allow victims to report abuse (sexual or otherwise)? If “YES”, please explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the Applicant have a written procedure for responding to reports of suspicious or inappropriate behavior, including allegations of abuse? If “YES”, please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the Applicant have a designated investigator with specialized training who is charged with handling all internal sexual misconduct investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the Applicant use a standardized incident report form across all locations and programs? If “YES”, please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does the Applicant have a policy in place where staff* accused of abuse (sexual or non-sexual) or molestation are removed from client care responsibilities pending the outcome of an investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. INSURANCE HISTORY	
Has the Applicant ever been canceled, declined or non-renewed for Sexual Misconduct, Abuse and/or Molestation Insurance? If “YES”, please identify the insurer and explain the reason for cancellation, declination or non-renewal on a separate sheet of paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No
CERTIFICATION AND SIGNATURE	
I understand that the information submitted in this supplemental application becomes a part of my Professional Liability/General Liability Insurance Application and is subject to the same representations and conditions. Must be signed by an officer of the company.	
Print or Type Applicant’s Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant

*Staff includes full-time and part-time employees, independent contractors, sub-contractors, and volunteers.