XS BROKERS
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TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com
WEB xsbrokers.com

# APPLICATION for: Abuse or Molestation Insurance/Sexual Misconduct and Molestation Liability Insurance

**This Application must be completed in type or ink by the Applicant. All questions must be answered for a quotation to be given. Blank answers or "N/A" will not be accepted. Please answer "No" or "None" to any such questions. Use separate sheet if needed.**

**If a material change occurs to any of the answers given below prior to the inception of any insurance, the Applicant must notify the insurer, and at the sole discretion of the insurer, any outstanding questions may be modified or withdrawn.**

**The particulars, representations and statements contained in this Application, and any other information submitted, are the basis for the proposed insurance and will be considered as incorporated into and constituting part of the proposed certificate and/or policy.**

***The completion and signing of the Application does not bind the Applicant or the Insurer to a policy or certificate of insurance.***

Name of Agent: _____

1. Name of Applicant: _____

   Address: _____

   City: _____ State: _____ Zip: _____

   Telephone Number: _____ Website: _____

   ***(List other locations and/or entities on a separate sheet)***

2. Applicant is a: ☐ Individual ☐ Partnership ☐ Corporation-(for-profit) ☐ Corporation (non-profit) ☐ Joint Venture ☐ Other

   If "Other", please describe: _____

3. Nature of Operations: _____

4. Year Operations Began: _____

5. Type of Institution:

   ☐ Residential Care ☐ Educational ☐ Custodial ☐ Religious (include affiliation) ☐ Other (describe)

   _____

   _____

6. Revenues:

   Total expected revenue for the upcoming year: $_____

Current Year Estimate: $_____

Last Year: $_____

Prior Year: $_____

7. Staff Breakdown:

Total staff count: _____

Total number with direct client contact: _____

Please provide a breakdown of staff count in grid below:

| | Total number (annual) | % Male | % Female | Direct Client Contact Answer "Y" for Yes, "No" for No |
|---|---|---|---|---|
| Full time employees | | | | |
| Part time employees | | | | |
| Clergy | | | | |
| Teachers | | | | |
| Volunteers | | | | |
| Independent Contractors | | | | |

8. Annual Turnover Rate: _____

9. Services/Locations:
(If the services operate in multiple cities or states please attach a list that shows where all services operate.)

| | | Exposure Units (Annual ☐ or Other ☐ # of Months _____) | | |
|---|---|---|---|---|
| Number of Locations | Types of Services | Number of Youth | Age Range | Number of Adults |
| | Schools – Religious | | | |
| | Schools – Public | | | |
| | Schools – Private, elementary | | | |
| | Schools – Private, secondary | | | |
| | YMCA | | | |
| | Overnight Camps | | | |
| | Day Camps | | | |
| | Churches/Parishes | | | |
| | Sunday Schools | | | |
| | Mentoring Programs | | | |
| | Janitorial contractors | | | |
| | Bus transportation | | | |
| | Construction workers | | | |
| | Cafeteria food service vendors | | | |
| | Airport cargo transportation | | | |
| | Other (describe) | | | |
| Total | | Total | | Total |
| | | | | |

**Loss Prevention Efforts**

10. Check which of the following methods are used in the screening and hiring process for employees and volunteers. Please attach a copy of any items in bold.

| Loss Prevention Methods Type in "Y" for Yes and "No" for No | Employees | Volunteers |
|---|---|---|
| a.) **Standard Application** | | |
| b.) **Code of Conduct** | | |
| c.) Interview | | |
| Face to face interview | | |
| **Standard list of interview questions** | | |
| Use behavioral interviewing techniques | | |
| Interview by more than one person | | |
| d.) Reference Checks | | |
| **Standard questions for references** | | |
| e.) Criminal background check | | |
| f.) Abuse registry check (**Required upon binding) | | |
| g.) **Checklist of indicators that may indicate increased risk to abuse** | | |
| h.) Other (describe) | | |

**Loss History**

11. Please furnish the past five year's first dollar loss history for all sexual misconduct claims.

| Period | # Claims Reserved | # of Claims Paid | Total Paid Loss | Total Reserved Losses | Total Reserved Expenses |
|---|---|---|---|---|---|
| From ___/___to ____/____ | _____ | _____ | _____ | _____ | _____ |
| From ___/___to ____/____ | _____ | _____ | _____ | _____ | _____ |
| From ___/___to ____/____ | _____ | _____ | _____ | _____ | _____ |
| From ___/___to ____/____ | _____ | _____ | _____ | _____ | _____ |
| From ___/___to ____/____ | _____ | _____ | _____ | _____ | _____ |

12. On a separate sheet of paper, please provide the following information for any sexual misconduct claim.

    1. Date of initial misconduct
    2. Date claim was brought
    3. Description of loss indicating if sexual contact did /did not occur
    4. Any amounts paid as damages
    5. Amounts reserved
    6. Legal/claim handling expense
    7. Valuation date
    8. Procedures instituted to prevent reoccurrences of previous events

13. Is the Applicant aware of any facts, incidents, circumstances or allegations that may result in claims being made against you? ☐ Yes ☐ No
    (If "Yes", please provide details on a separate sheet of paper.)

14. Has the Applicant, any employee or any volunteer currently seeking coverage been involved in an allegation or claim relating to abuse (sexual or other) or molestation? ☐ Yes ☐ No
(If "Yes", please provide details on a separate sheet of paper.)

15. Are accused employees removed from client care responsibilities pending the outcome of an investigation? ☐ Yes ☐ No

If "No", please advise what occurs: _____

16. Does the organization have a written policy prohibiting all those listed in question #7 above from working alone with a single client? ☐ Yes ☐ No

17. For overnight activities, what steps are taken to ensure that client-to-client contact is avoided, i.e. separating male from female sleeping quarters? Please describe:

_____

_____

_____

18. List situations where an employee or volunteer has direct contact with clients in an unsupervised situation without oversight of another staff member (you may list on a separate sheet should you require additional space for this answer):

_____

_____

19. Are staff members, other than employees, directly supervised by an employee when interacting with children or vulnerable adults? ☐ Yes ☐ No

If "No", please explain when these situations occur and how the interactions are monitored

_____

20. Do staff members ever have children at their home? ☐ Yes ☐ No

21. Do staff members ever spend time at the home of children? ☐ Yes ☐ No

22. If transportation is provided, is there more than one adult present at all times? ☐ Yes ☐ No

23. Are staff members required to complete annual abuse prevention training? ☐ Yes ☐ No

24. Does central administration establish, monitor, and enforce policies and procedures across all locations ☐ Yes ☐ No

If "No", please explain: _____

25. Are items below included in the operations handbook for all staff members listed in question #7 above?

| 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.) |
| ☐ | ☐ | A written policy that defines appropriate and inappropriate displays of affection. (Please attach a copy) |
| ☐ | ☐ | 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.) |
| ☐ | ☐ | A written procedure for managing the risk when one employee/volunteer is a lone child or other vulnerable person. (Please attach a copy.) |

26. Does senior management review and approve in writing new care programs? ☐ Yes ☐ No

**Historical Activity**

27. Have any of the individuals been transferred in or out of your school, parish/dioceses, branch or corporate location because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct? ☐ Yes ☐ No
(If "Yes", please provide details on a separate sheet of paper.)

28. In the past 10 years, have any individuals been terminated for cause related to abuse (sexual or not) behavior? ☐ Yes ☐ No
(If "Yes", please provide details on a separate sheet of paper.)

29. Has the Applicant merged with any other entity in the past 10 years? ☐ Yes ☐ No
(If "Yes", please provide details on a separate sheet of paper.)

30. Is the Applicant contemplating a merger in the next 18 months? ☐ Yes ☐ No
(If "Yes", please provide details on a separate sheet of paper.)

31. Does the Applicant plan to add any additional care programs in the next year? ☐ Yes ☐ No

**Claims Handling**

32. Does the Applicant have a written procedure to allow victims to report abuse? ☐ Yes ☐ No
If "Yes", please explain:_____

_____

33. Does the Applicant have a written procedure for responding to reports of suspicious or inappropriate behaviors? Allegations of abuse? ☐ Yes ☐ No
If "Yes", please attach a copy.

34. Does the Applicant have a designated investigator with specialized training who is in charge of handling all internal sexual misconduct investigations? ☐ Yes ☐ No

35. Does the Applicant use a standardized incident reporting form across all locations and programs? ☐ Yes ☐ No
If "Yes", please attach a copy.

36. Coverage Desired:

Desired Limit of Liability: _____ Desired Retention: _____

37. Reason Coverage is desired: _____

38. Prior Sexual Misconduct Liability Insurance Coverage for the last five years, please list the most recent first:

| Period | Claims Made Or Occurrence | Insurer | Premium | Limit | Sir |
|---|---|---|---|---|---|
| From ___/___to ____/____ | | | | | |
| From ___/___to ____/____ | | | | | |
| From ___/___to ____/____ | | | | | |
| From ___/___to ____/____ | | | | | |
| From ___/___to ____/____ | | | | | |

39. Has any Applicant ever canceled or non-renewed this type of coverage? ☐ Yes ☐ No
(If "Yes", please identify the provider and explain the reason for non-renewal on a separate sheet of paper)

**Signature Page**

The undersigned warrants and represents that, to the best of his or her knowledge, the statements herein are true and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application. It is represented that the particulars and statements contained in the Application, and any materials submitted (which shall be on file with the insurer and shall be deemed attached, as if physically attached) are the basis for the proposed insurance and are to be considered incorporated into and constituting a part of the proposed insurance.

The undersigned agrees that in the event this Application contains misrepresentations or fails to state facts materially affecting the risk assumed by the insurer, any insurance issued shall be void in its entirety.

**The undersigned agrees that if after the date of this Application and prior to issuance of any insurance, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, the undersigned shall notify the insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct the information contained in this Application. Any outstanding quotations may be modified or withdrawn at the sole discretion of the insurer.**

The insurer is hereby authorized to make any investigation and inquiry in connection with this Application as it may deem necessary.

Signature of Applicant: _____ Title: _____ Date: _____

Name of Broker: _____

Address: _____ City: _____

State: _____ Zip: _____ Tel: _____ Fax: _____

Note: Applicable surplus line tax is payable by the assured in addition to the premium.