

**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:
   1. Copy of applicant’s hiring and background check guidelines
   2. Additional explanation to questions herein where appropriate

Named Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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19) Is any counseling conducted at off premise locations? (i.e. clients’ or counselor’s or student’s homes) Yes No

If Yes explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 |  |  |  |  |  |  |
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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.*