

**APPLICATION for: Abuse or Molestation Insurance/Sexual Misconduct and
Molestation Liability Insurance**
Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

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. Use separate sheet if needed.

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

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 client contact: _____

Please provide a breakdown of staff count in grid 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
Clergy				<input type="checkbox"/> Yes <input type="checkbox"/> No
Teachers				<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteers				<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Contractors				<input type="checkbox"/> Yes <input type="checkbox"/> No

8. If you included independent contractors in the staff count above, are such independent contractors dedicated agents or representatives of the Applicant? Yes No N/A

9. Annual Turnover Rate: _____

10. Services/Locations:

(If Applicant has operations in multiple cities or states, please attach a list of locations.)

Number of Locations	Types of Services	Client Exposure Units (<input type="checkbox"/> Annual or <input type="checkbox"/> # of Months _____)		
		Number of Youth	Age Range of Youth	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			
	Medical Clinic			
	Other (describe)			
Total		Total		Total

Loss Prevention Efforts

11. Check all 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	Independent Contractors
a.) 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
b.) 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
c.) 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
Face to face 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
Use 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
d.) 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
e.) Criminal background check	<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.) National Abuse registry check (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
g.) Checklist of indicators that may indicate increased risk to 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
h.) Other (describe) _____			

Loss History

12. Please furnish the past five years' 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 ___/___	_____	_____	_____	_____	_____

13. On a separate sheet of paper, please provide the following information for all sexual misconduct claims described in question 12.

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

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

15. 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? (If "Yes", please provide details on a separate sheet of paper.) Yes No

16. Does the Applicant have a policy in place where employees accused of abuse (sexual or other) or molestation are removed from client care responsibilities pending the outcome of an investigation? Yes No

If "No", please advise what occurs: _____

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

18. Does the Applicant sponsor or participate in overnight activities or events? Yes No

For overnight activities, please describe the steps taken to ensure that client-to-client contact is avoided, i.e. separating male from female sleeping quarters?

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

20. 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

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

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

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

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

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

If "No", please explain: _____

26. Are items below included in the Applicant's operations handbook or written policies/procedures? 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 policy that defines appropriate and inappropriate displays of affection.

(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.)**

Yes No

A written procedure for managing the risk when one employee/volunteer is alone with child or other vulnerable person.

(Please attach a copy.)

Yes No

27. Does senior management review and approve in writing any new policies and procedures referenced in question 26 above?

Yes No

Historical Activity

- 28. 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 or suspected of sexual misconduct, or had allegations of sexual misconduct brought against them? Yes No
(If “Yes”, please provide details on a separate sheet of paper.)
- 29. In the past 10 years, has any member of the Applicant’s staff been terminated for cause due to allegations of abuse (sexual or not)? Yes No
(If “Yes”, please provide details on a separate sheet of paper.)
- 30. 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.)
- 31. Is the Applicant contemplating a merger in the next 18 months? Yes No
(If “Yes”, please provide details on a separate sheet of paper.)
- 32. Does the Applicant plan to add any additional care programs in the next year? Yes No

Claims Handling

- 33. Does the Applicant have a written procedure to allow victims to report abuse (sexual or not)? Yes No
If “Yes”, please explain: _____

- 34. Does the Applicant have a written procedure for responding to reports of suspicious or inappropriate behaviors, including allegations of abuse? Yes No
If “Yes”, please attach a copy.
- 35. Does the Applicant have a designated investigator with specialized training who is in charge of handling all internal sexual misconduct investigations? Yes No
- 36. Does the Applicant use a standardized incident reporting form across all locations and programs? Yes No
If “Yes”, please attach a copy.
- 37. Is coverage required by contract? Yes No
If “Yes”, list the party/entity requiring coverage: _____
Desired Limit of Liability: _____ Desired Retention: _____
If coverage is not required by contract, describe the reason coverage is desired:

38. List prior Sexual Misconduct/Abuse/Molestation Insurance Coverage the Applicant has held for the last five years. List the most recent insurance first:

Period	Claims Made Or Occurrence	Insurer	Premium	Limit	Sir
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____

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

Warranty and Representations

The Undersigned warrants and represents that the statements, representations and information contained in or attached to this application are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application.

The Undersigned acknowledges and recognizes that the statements, representations, and information contained in or attached to this application are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this application and all written statements and materials furnished to the Insurer in conjunction with this application shall be deemed incorporated into and made a part of the policy, should a policy be issued.

The Undersigned acknowledges and agrees that if the information supplied on this application or in any attachments changes between the date of the application and the inception date of the policy period, the Applicant will immediately notify the insurer of such change and shall provide the insurer with the information that would complete, update or correct the information contained in this Application. The insurer may withdraw or modify any outstanding quotations and/or agreement to bind the 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 insurer is hereby authorized to make any investigation and inquiry in connection with this Application as it may deem necessary.

Authorized Signature (Must be signed by the Applicant's President, CEO or COO): _____

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.