

**Tutors Abuse or Molestation and E&O Supplement Application**

**Section One – Applicant Information**

1. Name of Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Web Site: \_\_\_\_\_ No. of years in business: \_\_\_\_\_  
 Revenues: (last year): \_\_\_\_\_ (expected next year) \_\_\_\_\_  
 Staff: (total count): \_\_\_\_\_ (total with direct client contact\*) \_\_\_\_\_

*\*In the state of IL we are only able to legally offer Legal Reimbursement for Abuse or Molestation*

***For the questions 2-5, if the answer is “Yes”, please provide details for the “Yes” answers.***

2. Are services other than tutoring being provided?  Yes  No
3. Is the Applicant a Catholic church or affiliated organization; individual person, international travel or student exchange program or franchise?  Yes  No
4. Have there been any alleged or actual incidents or claims regarding any abuse or molestation?  Yes  No
5. Do you have residential or overnight accommodations?  Yes  No
6. Do staff members work with children in their own home or the child’s home?  Yes  No
7. Does Applicant perform abuse registry check on all staff, inclusive of volunteers?  Yes  No

***Claims History:***

8. Have any claims, suits, or demands been made against the Applicant, any past or present principals, partners, officers or employees?  Yes  No
9. After inquiry with all principals, partners and officers, is the Applicant aware of any dispute, error, omission, act, allegation or circumstance that is, or could reasonably be expected to become, a claim under the policy for which this application is submitted to the Underwriters?  Yes  No

***Prior Coverage:***

10. Please list the Applicant’s Professional Liability Insurance Coverage carried during the past two (2) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Retention	Premium

**Section Two – Notice to the Applicant**

- A. The Applicant represents that the statements set forth herein are true and complete, and any documents submitted in connection with this application are true and complete.
- B. The Applicant acknowledges that this application and any documents submitted in connection with this application are the basis of insurance and will be deemed attached to and made a part of the policy, should a policy be issued.
- C. The Applicant represents that, if the information supplied on this application changes between the date of the application and the inception date of the insurance (if a policy is issued), the Applicant will immediately notify the insurer of such a change(s). The insurer may modify or deny coverage

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized signature of a Principal or Officer**  
**(Must be signed and dated less than 45 days prior to binding)**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_