

# Beazley | Safeguard Renewal Business

# Beazley Safeguard Renewal Business application

## Instructions

PLEASE ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE PRINT NONE. ATTACH SEPARATE SHEETS OF PAPER AS NECESSARY. THE APPLICATION MUST BE SIGNED AND DATED BY THE HIGHEST RANKING CLERGY OR EXECUTIVE. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

## Section 1 – General information

1. Name of applicant:

2. Mailing address:

City:

State:

Zip Code:

Phone:

Website:

3. Risk management contact:

Phone:

Email:

4. Description of Service with commentary on any material changes to operations in the last 12 months:

5. Industry:    Education                      Transportation                      Non-profit                      Healthcare                      Religious  
                          Contractor                      Leisure                      Other  
                          Please complete Industry supplement if any industry except 'Other'.

6. Number of locations:

7. Please complete financial data below:

Financial information	Last year (20      )	Last year (20      )
Cash	\$	\$
Current Assets	\$	\$
Total Assets	\$	\$
Current Liabilities	\$	\$
Total Liabilities	\$	\$
Annual Revenues	\$	\$
Net income/loss or Net assets (NFPs)	\$	\$

Or, alternatively, please provide this year's and last year's audited income statements, balance sheets and cash flow statements for the organisation.



8. Has the applicant merged with any other entity in the past 12 months or planning to do so in the future or has there been any significant change in the operations or scale of the organization? Yes      No  
If 'Yes', please provide full details. (Please use a separate sheet of paper if necessary)

## Section 2 – Staff details

9. Please complete staff grid below:

	Number of employed	Number contracted	Number of volunteers	Number of other staff	% of males
Individuals with client contact					
Individuals without client contact					
<b>Totals:</b>					

Please confirm if there are any minors acting as employees, independent contractors, volunteers or any other staff role for the insured organization.

Yes      No

10. Annual Turnover Rate for the past 12 months (all staff from question 8):

Year		Turnover %	
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Historical headcount for the past 12 months (all staff from question 8):

Year		Headcount	
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11. Top 5 states and/or countries where 'employees', 'independent contractors', 'volunteers' and 'others' are located (list state and/or county and number of employees):

State/ Country		State/ Country		State/ Country		State/ Country		State/ Country	
#employees		#employees		#employees		#employees		#employees	

If staff are based in more than 5 states and/or countries, please attach a separate schedule.

## Section 3 – Client details (clients may include program participants, students, patients, etc.)

12. Describe:

Type of client served	Total number clients served annually	% Percentage served annually by age			
Children/Youth		0-10 yrs	%	11-18 yrs	%
Vulnerable Adults		19-65 yrs	%	65+ yrs	%
Other		19-65 yrs	%	65+ yrs	%

## Section 4 – Loss prevention methods

13. Identify any loss prevention resources the applicant utilized since the inception of your current policy:

Praesidium Sample Policies and Procedures	Yes	No
Praesidium Screening and Selection Toolkit	Yes	No
Praesidium Crisis Management Toolkit	Yes	No
Praesidium Criminal Background Checks	Yes	No
Praesidium Online Training	Yes	No

## Section 5 – Screening

14. Have there been any revisions made to the following screening practices in the last 12 months?:

Application	Yes	No
Code of Conduct	Yes	No
Interview process	Yes	No
Criminal background checks	Yes	No
Frequency of criminal background checks	Yes	No
Reference check process	Yes	No

Please detail any screening revisions made since the inception of your current policy.  
Please use a separate sheet of paper if necessary.

## Section 6 – Training

15. Have there been any revisions made to the following training practices in the last 12 months?

Preventing and responding to abuse	Yes	No
Maintaining appropriate boundaries	Yes	No
Preventing abuse and/or sexual activity between vulnerable populations	Yes	No
Monitoring and supervising higher-risk activities	Yes	No
Responding to allegations or incidents of abuse	Yes	No
Who training is provided to	Yes	No
How often training is repeated	Yes	No

Please detail any training revisions made since the inception of your current policy.  
Please use a separate sheet of paper if necessary.

## Section 7 – Policies

16. Have there been any revisions made to the following policies in the last 12 months?

A zero-tolerance statement for sexual abuse	Yes	No
Appropriate and inappropriate physical or verbal interactions with vulnerable populations	Yes	No
Electronic communication with vulnerable populations	Yes	No
Interactions with vulnerable populations outside of regular program activities	Yes	No
One-on-one interactions	Yes	No
Employee Sexual Harassment Policy	Yes	No
Signed acknowledgement of organizational policies	Yes	No

Please detail any policy revisions made since the inception of your current policy.  
Please use a separate sheet of paper if necessary.

## Section 8 – Monitoring and supervision

17. Has the applicant changed any of their services or policies over the past 12 months with regards to?
- |   |     |    |
|---|-----|----|
| Any change in or expansion of services/operations                     | Yes | No |
| One-on-one interactions permitted with vulnerable populations         | Yes | No |
| In-home interactions with vulnerable populations                      | Yes | No |
| Overnight and/or sponsored events                                     | Yes | No |
| Establishment, monitoring and enforcing policies and procedures       | Yes | No |
| Mechanisms to control access to the facility in day-to-day operations | Yes | No |
| Any changes to contractor/vendor agreements and their requirements    | Yes | No |
- Please detail any monitoring and supervision revisions made since the inception of your current policy.  
Please use a separate sheet of paper if necessary.

## Section 9 – Incident reporting and response

18. Have there been any revisions made to the following reporting and response practices in the last 12 months?
- |  |     |    |
|--|-----|----|
| Grievance procedure for employees, volunteers, parents, and consumers  | Yes | No |
| Anonymous reporting mechanism for employees, volunteers, parents, and consumers  | Yes | No |
| Written procedure for responding to suspected misconduct, abuse, or molestation  | Yes | No |
| Written procedure for responding to policy violations or suspicious behavior that might not rise to the level of abuse | Yes | No |
| Abuse or sexualized behaviours between program participants  | Yes | No |
- Please detail any reporting and response revisions made since the inception of your current policy.  
Please use a separate sheet of paper if necessary.

## Section 10 – Loss history

- |   |     |    |
|---|-----|----|
| 19. Has the applicant had an allegation or incident of sexual abuse or molestation?   | Yes | No |
| 20. Has the applicant knowledge of any Claims that have not been reported to Underwriters or Underwriters' representatives? | Yes | No |



THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

## SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS NOT PROPERLY REPORTED UNDER THE TERMS AND CONDITIONS OF THE APPLICABLE POLICIES.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

## FRAUD WARNING DISCLOSURE

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.



**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**NOTICE TO KENTUCKY, NEW JERSEY, OHIO AND PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.





Applicant's authorized signature of a principal, partner or officer:

Title:

Date:            /        /

Applicant's authorized signature of the individual in charge of the human resources or personnel department:

Title:

Date:            /        /

**If this Application is completed in Florida, please provide the Insurance Agent's name and license number. If this Application is completed in Iowa, please provide the Insurance Agent's name and signature only.**

Agent's signature\*:

Agent's printed name:

Florida agent's license number:

