



Please read carefully, fully answer all questions, and submit all requested information. The term "Applicant" shall mean the parent organization and all subsidiaries. The Applicant is required to provide a complete response to all questions (attach additional pages if necessary) and submit all requested materials.

I. Company Information

1. Name of Applicant: _____

2. Principal Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

List all branch/office locations on a separate page

3. Website: _____

4. Risk Manager/HR Manager Contact: _____ Title: _____

Email: _____ Phone Number: _____

5. Years in Operation: _____ Number of Locations: _____

6. Description of Operations:

7. Coverage Desired:

Proposed Effective Date: _____ Retroactive Date: _____

Limits: _____ Deductibles: _____

Is coverage required by a contract: Yes No - If "Yes", please provide the party name requiring coverage below: _____

8. Has the applicant previously purchased Sexual Misconduct and Molestation Liability coverage? Yes No

9. Has the applicant ever had this type of coverage cancelled or non-renewed? Yes No

If 'Yes', please provide details below

10. Financial Information

Based on Financial Statements Dated:	Most Recent FYE (Month/Year) (___ / ___)	Prior FYE (Month/Year) (___ / ___)
Annual Revenues	\$	\$
Net Income (loss) / Net Assets	\$	\$

11. In the next 12 months, or in the past 12 months is the Applicant contemplating or has the Applicant completed or been in the process of completing any of the following: *If "Yes", please attach a full description.*

- a. any actual or proposed merger, acquisition, divestiture, or consolidation of another entity? Yes No
- b. addition of any new / additional care programs? Yes No

II. Staff and Client Breakdown

12. Please complete staff grid below:

	Number of Employees	Number of Independent Contractors	Number of Volunteers	% of males	% of females
Individuals with client contact					
Individuals without client contact					
Totals					

13. How many minors, acting in any capacity, are currently on staff? _____ None

a. If any what are their roles? (Interns, volunteers, etc.) _____

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

III. Policies & Training

14. Check all that apply to the previously stated individuals in Section II.

Written Policies and Procedures regarding....	Yes	No
Zero tolerance for Abuse and Molestation		
Formal, In-person training regarding sexual abuse and molestation prevention		
Appropriate and inappropriate actions and displays of affection, including but not limited to (high fives, lap sitting, jokes, etc.)		
Allowing victims to report abuse (sexual or otherwise?)		
Does the applicant require the individuals identified in Section II to sign a written acknowledgement of receipt, review and comprehension of your abuse or molestation policy(ies)		

15. Do you have a policy prohibiting all those listed in Section II. from being alone with a single client?

If not, please provide full details surrounding 1-1 exposure (open door policy? room with windows? cameras? What policies and procedures are in place? How is this managed?)

16. Does the applicant ever host, sponsor, or participate in overnight events of activities?

For overnight activities/exposure please describe steps taken to ensure that client-to-client contact is avoided (e.g., separating male sleeping quarters from female sleeping quarters, etc.)

17. Will those listed in Section II. ever host clients at their homes or spend time in the home of a client?

If 'Yes', please describe and provide full details:

IV. Loss Prevention & Claims History

LOSS PREVENTION EFFORTS			
Check all loss prevention 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
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. National Criminal background 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
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. Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Has the applicant or any Employee proposed for this coverage been involved in an allegation or claim relating to abuse (sexual or non-sexual) or molestation? Yes No

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

CLAIM HISTORY AND RISK MANAGEMENT

a. Please furnish the past 10 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 ___ / ___					
From ___ / ___ to ___ / ___					
From ___ / ___ to ___ / ___					
From ___ / ___ to ___ / ___					
From ___ / ___ to ___ / ___					
From ___ / ___ to ___ / ___					

Please complete a Claim Supplemental Form for each sexual misconduct claim described in the above

- 20. Does the applicant or any individual listed in Section II. currently seeking coverage, have knowledge of any fact, situation, incident, circumstance or allegation of abuse, molestation or sexual misconduct that is or could be the basis for a claim under the proposed insurance policy? Yes No
- 21. Has the applicant or any individual listed in Section II. proposed for this coverage been involved in an allegation or claim relating to abuse (sexual or non-sexual) or molestation? Yes No
- 22. In the past 10 years, has any officer, employee, independent contractor, or volunteer been terminated for cause related to sexually abusive behavior? Yes No

V. Supplemental Questions

- 23. Is any intimate care, such as diapering/toileting assistance provided? Yes No
If yes, please provide full details (e.g., open door policy, teachers required to be present, Details on how 1-1 exposure is mitigated etc.):

- 24. Is there any virtual / online exposure associated with conducting services? Yes No
If yes, please provide full details (e.g., are sessions monitored? Recorded? Chat function? Parent/guardian required to be present?):

VII. SIGNATURE SECTION AND FRAUD STATEMENTS

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become a part of such Policy, if issued. Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. The Company will have relied upon such Application, attachments, and such other information submitted therewith in issuing such policy.

***A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.
ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.***

Signature: _____ Title: _____

Date: _____