

ABUSE AND MOLESTATION SUPPLEMENTAL APPLICATION

		Yes	No
1.	Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offense?	<input type="checkbox"/>	<input type="checkbox"/>
2.	a) Does your state permit you to do criminal background investigations? b) If yes, do you routinely request and receive such background investigations?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you verify employment-related references?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you conduct a personal interview?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have written procedures for dealing with sexual abuse? If yes, please attach a copy.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises?	<input type="checkbox"/>	<input type="checkbox"/>
7.	a) Has your organization ever had an incident resulting in an allegation of sexual abuse? b) Was a claim made against the organization? c) Was the case settled? d) Taken to trial? e) How much money was paid as damages to the victim? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
8.	Regarding coverage for abuse and molestation, does your current insurance program: <input type="checkbox"/> a) exclude coverage <input type="checkbox"/> b) limit coverage (Please indicate limit of liability) \$ _____ <input type="checkbox"/> c) neither exclude nor limit coverage Please select a, b, c, or explain: _____		
9.	Please indicate age range of clients: _____		

Applicant's Signature: _____ Title: _____

Date: _____

WARNING: Any person who knowingly and with intent to defraud any Insurance Company of 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 a criminal and civil penalties.

Name: _____
Date: _____

Title: _____
Signature: _____

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Organization, its subsidiaries and their respective Directors, Officer or other Insured Persons.

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email