



Sexual Misconduct and Molestation Liability Insurance 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.

General Information

- 1 Name of Applicant: _____
- 2 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ E-mail: _____
- 3 Person to Contact: _____
- 4 Type of Operation: Individual Partnership Corporation
 Joint Venture Other: _____
- 5 Years in Operation: _____
- 6 Description of Service: _____

- 7 Employees, Clergy, Teachers, Substitute Teachers, Coaches, Counsellors, Independent Contractors, Sub Contractors, Volunteers and Other:

	Total number (annual)	Average number (daily)	% Male	% Female
a) Full time employees				
b) Part time employees				
Please do not include c) through k) in a) or b) above				
c) Clergy				
d) Teachers				
e) Substitute teachers				
f) Coaches				
g) Counsellors				
h) Independent Contractors				
i) Sub Contractors				
j) Volunteers				
k) Other - please detail on a separate sheet				
Totals				

Are all sub contractors dedicated agents or solely your representatives? Yes No

(If **No** please provide additional information on a separate sheet of paper.)

Are all Independent contractors dedicated agents or solely your representatives? Yes No

(If **No** please provide additional information on a separate sheet of paper.)

8 Annual Turnover Rate: _____

9 Annual Operating Budget: _____

10 Coverage Desired: _____ Limit of Liability: _____ Desired Retention: _____

11 Prior Sexual Misconduct Liability Coverage for the last five years, please list most recent first.

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

12 Has any applicant ever cancelled or non-renewed this type of coverage: Yes No

(If **Yes**, please identify the provider and explain on a separate sheet of paper.)

13 **Services / Locations:**

(If the services operate in multiple cities or states please attach a list that shows where all services operate.)

Number of Locations	Types of Services % of Total	Exposure Units (Annual <input type="checkbox"/> Or Other <input type="checkbox"/> # of Months _____)		
		Number of Youth	Age Range	Number of Adults
	Schools - Religious			
	Schools - Public			
	Schools - Private, Elementary			
	Schools - Private, Secondary			
	YMCA			
	Community Service Organization			
	Overnight Camps			
	Day Camps			
	Child Care Centers			
	Churches / Parishes			

	Sunday Schools			
	Mentoring Programs			
	Counselling Services			
	Residential Treatment Centers			
	Group Homes			
	Foster Care Services			
	In-Home Social Services			
	Drop in / Recreation Centers			
	Hospitals			
	Nursing Homes			
	Home Health Care			
	Assisted Living			
	Other (describe)			
	Totals			

Loss History

14. Please furnish the past ten years' first dollar loss history for all sexual misconduct claims.

Period	# Claims Reserved	# of Claims Paid	Total Paid Loss	Total Paid Expenses	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 ___/___						

15. On a separate sheet of paper, please provide the following information for any sexual misconduct claim.

- 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

16 Is the applicant aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you? Yes No

(If **Yes**, please provide details on a separate sheet of paper.)

17 Has the applicant, any employee, clergy, teacher, substitute teacher, coach, counsellor, independent contractor, sub contractor, volunteer or 'other' listed in question 7 above currently seeking coverage been involved in an allegation or claim relating to sexual abuse? Yes No

(If **Yes**, please provide details on a separate sheet of paper.)

Loss Prevention Efforts

Check which of the following methods are used in the screening and hiring process for employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 7 above. Please attach a copy of all items below.

Loss Prevention Methods Type in "Y" for Yes and "N" for No	Employees	All other in Q 7
a. Standard Application		
b. Code of Conduct (attach a copy)		
c. Interview		
-Face to face interview		
-Standard list of interview questions		
-Use behavioural interviewing techniques		
-Interview by more than one person		
d. Standard questions for references		
e. Criminal background check		
f. Abuse registry check		
g. Checklist of indicators that may indicate increased risk to abuse		
h. Other (please describe):		

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

If **No**, please explain when these situations occur and how the interactions are monitored _____

(Please use a separate sheet of paper if necessary)

20. Are those listed in question 7, 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 _____

(Please use a separate sheet of paper if necessary)

21. Do any of those listed in question 7 above ever have children at their home? Yes No

If **Yes**, please explain when these situations occur and how such situation is monitored _____

(Please use a separate sheet of paper if necessary)

22. Do any of those listed in question 7 above ever spend time at the home of children? Yes No

If **Yes**, please explain when these situations occur and how such situation is monitored _____

23. Does the Organization ever sponsor 'events'? Yes No

If **Yes**, please provide details of events that are sponsored including the normal ratio of children to 'safe' adult on such sponsored events _____

(Please use a separate sheet of paper if necessary)

24. Does the Organization ever sponsor overnight 'events'? Yes No

If **Yes**, please provide details of overnight events that are sponsored including the normal ratio of children to 'safe' adult on such sponsored events _____

(Please use a separate sheet of paper if necessary)

25. Are all those listed in question 7 above required to complete organizational abuse prevention before they are permitted to work/volunteer? Yes No

(If **Yes**, please attach curriculum and any further details)

26. Are all those listed in question 7 above required to complete annual organizational abuse prevention training? Yes No

(If **Yes**, please attach curriculum and any further details)

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

If **No**, please explain _____

28. Are items below included in the operations handbook for all those listed in question 7 above?

Yes No

- A zero tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the applicant's care. (please attach copy.)
- A written policy that defines appropriate and inappropriate displays of affections. (please attach copy.)
- A written procedure for governing the interactions between those listed in question 7 above and children or other vulnerable persons in your care outside of regular program activities. (please attach copy.)
- A written procedure for managing the risk when those listed in question 7 above is alone with a lone child or other vulnerable person. (please attach copy.)

29. Does senior management review and approve in writing new care programs? Yes No

Historical Activity

30. Have any of the applicant's employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 7 above been transferred in or out of your school, parish/diocese, branch or corporate location because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct? Yes No

(If **Yes**, please provide details on a separate sheet of paper.)

31. In the past 10 years, have any employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 7 above or officers been terminated for cause related to sexually abusive behavior? Yes No

(If **Yes**, please provide details on a separate sheet of paper.)

32. 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.)

33. Is the applicant contemplating a merger in the next 18 months? Yes No

If **Yes**, please provide full details _____

34. Has there been a major increase/decrease in the operating budget in the last 5 years? Yes No

If **Yes**, please explain _____

35. Does the applicant plan to add any additional care programs in the next year? Yes No

If **Yes**, please explain _____

Claims Handling

36. Does the organization have a procedure to allow victims to report abuse? Yes No

If **Yes**, please provide details of such protocol and any supporting documentation _____

37. Does the applicant have a written procedure for responding to allegations of abuse? (If **Yes**, please attach copy) Yes No

38. Does the applicant have a written procedure for responding to reports of suspicious or inappropriate behaviors? (If **Yes**, please attach copy) Yes No

39. Does the applicant have a designated investigator with specialized training who is in charge of handling all internal sexual misconduct investigations? Yes No

40. Does the applicant use a standardized incident reporting form across all locations and programs? (If **Yes**, please attach copy) 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.

date 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 applicant's authorized signature of the risk management officer
or loss control officer _____
title

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Thomas A. Dowd – Director, Financial Services
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