



ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.

1. Does the Applicant have written procedures and a plan of supervision that monitors staff and volunteers in day-to-day relationships with its members, both on and off the premises? Yes No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? Yes No
If yes, please attach a copy

a. If yes, does the written policy include:

i. Definition of sexual and physical abuse/molestation? Yes No

ii. Incident reporting procedures? Yes No

iii. Investigation procedures? Yes No

iv. Disciplinary procedures? Yes No

v. Retaliation warning? Yes No

vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? Yes No

b. Are procedures in place to monitor the implementation and on-going execution of this policy? Yes No

3. Does the Applicant's employment process include a criminal background check on all employment and volunteer candidates, whether direct employee, volunteer or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment or participation is made? Yes No

Please identify and explain any current employees, volunteers or independent contractors who are not subject to criminal/sex offender registry background checks:

Who is your vendor for the Criminal Background and Sex Offender Registry checks? (Required) _____

4. Does the Applicant verify employment-related references? Yes No

5. Does the Applicant conduct personal interviews? Yes No

6. Is there a formal policy regarding staff training on:

a. Appropriate and inappropriate physical contact with clients or children? Yes No

b. Appropriate and inappropriate verbal interactions with clients or children? Yes No

c. Appropriate and inappropriate electronic communications with clients or children? Yes No

d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? Yes No

e. Recognition of the signs of abuse or molestation? Yes No

7. Does any employee, volunteer or independent contractor
- a. have one-on-one access to clients or children in a closed door or transportation setting? Yes No
- b. physically touch another person as part of their job responsibilities? Yes No
- If yes, please explain: _____
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8. Please indicate the age range of members, patrons, students, or populations served (check all that apply):
- 0 - 18 years of age 18 – 25 years old 25 – 50 years old over 50 years old All
9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? Yes No
- If yes, please describe: _____
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- a. Was a suit brought against the organization? Yes No
- b. Was the case settled? Yes No
- c. Was the case taken to trial? Yes No
- d. How much money was paid as damages to the victim? _____
10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? Yes No
11. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? Yes No
12. Additional remarks/information: _____
- _____
- _____
- _____

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED 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 (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED 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 (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

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

Signature: _____ Date: _____

Applicant Name: _____

Title: _____