

Sexual Abuse Liability Application

1. Current/prior insurance coverage, if written separately from general liability:		
2. Carrier: Effective/expiration dates: to		
3. Limits of Liability:		
4. Retention:		
5. Limits of Insurance requested:		
6. Claims-Made: <input type="checkbox"/>	Occurrence: <input type="checkbox"/>	Claims-Made Retro Date:
7. What is your annual employee turnover? (# of new employees/#of total employees):		
8. What is your annual volunteer turnover? (# of new volunteers/#of total volunteers):		
9. Are signed and dated applications required of:	a. All prospective employees?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	b. All prospective volunteers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If the answer to a. or b. is "yes", where is the documentation stored and for how long?	
10. Do the employment and volunteer applications include a question(s) concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse?		Employees: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Volunteers: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
11. Are application references checked and documentation maintained?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
12. Are there written sexual abuse policies and procedures?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, does it address:		
a. Management statement of zero tolerance		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Define the act		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Reporting procedures		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d. Prohibiting retaliation		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. If "yes", how often is the policy communicated to:		
i. Employees:		
ii. Volunteers:		
iii. Students (where applicable):		
iv. Parents (where applicable):		
13. Do employee and volunteer screening procedures include background checks including criminal and sexual abuse:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
14. Are the following individuals required to sign an acknowledgement of receipt and understanding of the sexual abuse policies and procedures?		Employees: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Volunteers: Yes: <input type="checkbox"/> No: <input type="checkbox"/>

16. How often are the policies and procedures regarding sexual abuse policies and procedures reviewed or revised by:		Insured:
		Legal Counsel:
17. Is training conducted on your sexual abuse policies and procedures including training on how to recognize signs of child or sexual abuse?		Employees: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Volunteers: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
18. Is <i>documentation</i> maintained on the training of staff and volunteers regarding the sexual abuse policies and procedures including how to recognize signs of child or sexual abuse and what to do if someone reports abuse?		Employees: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Volunteers: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. How frequently is training conducted for:	Employees:	Volunteers:
b. Provide details on the trainer(s), including qualifications and company affiliation:		
19. Are any activities involving direct contact with children subcontracted to others?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If "yes":	a. Do the subcontractors of such exposure have their own liability insurance, including coverage for sexual abuse or molestation with limits equal to those requested here?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	b. Is the Insured named as Additional Insured on the subcontractor's liability policy, which includes coverage for sexual abuse or molestation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	c. Are certificates of liability insurance required?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	d. Describe services provided by subcontractors:	
	e. Are subcontractors government licensed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
21. In the last 10 years:		
a. Has any business insurance been refused, cancelled or non-renewed?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Has the applicant or any employee had sexual abuse liability (or similar) insurance coverage declined, cancelled, or non-renewed?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Has the applicant or any employee or volunteer had any claim or suit brought against them because of sexual abuse?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d. Have any public authorities investigated the applicant relating to claims or allegations of sexual abuse?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If the answer is "yes" to any part of question 21, provide complete details:		
22. Does the applicant have knowledge of any fact, circumstance or situation that may give rise to a claim or allegation of an sexual abuse?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If the answer is "yes" to question 22, provide complete details:		
23. Are there rules or guidelines prohibiting closed-door one-on-one meetings?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

24. Are all prospective employees checked with the child abuse register and with law enforcement agencies for criminal records?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
25. Have any employees been subject of a child abuse/neglect investigation?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, what was the result of the investigation?		
26. Have there ever been any alleged or actual incidents regarding any abuse or molestation?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please describe:		
27. If transportation is provided, please describe driver screening and controls:		
28. Do you require background checks on third party contractors providing service to you?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What is the average number of minors at any daycare operation under your control or on your premises?		
28. Do you provide daycare services to children other than those of students and/or employees?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please explain:		
29. Is any adult daycare offered?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please describe:		
30. Is licensing required for applicant's custodial operations?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, is the license current?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. If yes, has the applicant's license ever been revoked or suspended?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are there local/state/federal regulatory requirements for the applicant's custodial operations?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
31. Does the applicant's operation meet or exceed all applicable state or local regulatory requirements?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
32. Has there ever been an investigation of the applicant's operations by any public authority relating to abuse or molestation?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please explain in detail:		
32. Check risk controls in place:	a. Windowed rooms?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	b. Windowed doors?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	c. Open viewing areas that prevent a single employee/volunteer from routinely being alone with a client/student and not in view of other employees/volunteers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	d. Describe any area of the applicant's facilities that would allow a single employee/volunteer to be alone with a client/student?	
Summer Camp		
What is the annual average number of minors who attend or participate in any summer camp, recreational, or non-student program you operate or control or that is on your premises?		
Does the applicant offer any over-night programs or activities?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please describe:		

Do you require certificates of liability insurance from other entities that operate programs on your premises?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>
a. If yes, what is the minimum liability limit required:	
b. Do you require that the liability insurance policy name you as additional insured?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3. Do you require participant (or parent/guardian if participant is a minor) to sign a liability waiver or hold harmless agreement prior to participation in each program?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
4. Does the institution require the use of waivers/release forms and/or by the parents if under the age of 18?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, please explain why:	
5. Does the institution require training and information be provided to all staff and volunteers on recognizing, and reporting child abuse?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, please explain why:	