



Abuse or Molestation Supplemental (Occurrence Coverage)

General information

Insured Name: _____

Policy Number: _____

Business Description: _____

Number of years in business: _____

Does insured currently have Abuse or Molestation Coverage? Yes No

If yes - Current Carrier: _____ Is current coverage: Occurrence or Claims Made

Current Abuse or Molestation Limit: _____

Requested Abuse or Molestation Limit: _____

Is this a New Venture? Yes No

Education for this type of operation? Yes No If yes, please describe: _____

Experience in this type of operation? Yes No If yes – Number of years experience: _____

Please describe experience and answer the following questions: _____

- | | |
|---|--|
| 1. Caregiver only? | <input type="radio"/> Yes <input type="radio"/> No |
| 2. In-Home childcare? | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Management? If yes, please describe. | <input type="radio"/> Yes <input type="radio"/> No |
| _____ | |
| 4. Ownership? If yes, please describe. | <input type="radio"/> Yes <input type="radio"/> No |
| _____ | |
| 5. Other? If yes, please provide a detailed description of duties and responsibilities. | <input type="radio"/> Yes <input type="radio"/> No |
| _____ | |

Operations and Exposures

- | | |
|--|--|
| 1. Do you provide any of the services/programs for children under the age of 18? | <input type="radio"/> Yes <input type="radio"/> No |
| a. Student dorms | <input type="radio"/> Yes <input type="radio"/> No |
| b. Camps | <input type="radio"/> Yes <input type="radio"/> No |
| c. Day Care; Preschool; Before/After school care | <input type="radio"/> Yes <input type="radio"/> No |
| d. Drop-In Care | <input type="radio"/> Yes <input type="radio"/> No |
| • Commercial Drop-In Centers | <input type="radio"/> Yes <input type="radio"/> No |
| • Sick Child Care | <input type="radio"/> Yes <input type="radio"/> No |
| • School Closed Care | <input type="radio"/> Yes <input type="radio"/> No |
| • Houses of Worship | <input type="radio"/> Yes <input type="radio"/> No |
| • Gym/Fitness Centers | <input type="radio"/> Yes <input type="radio"/> No |
| • Other (explain) | <input type="radio"/> Yes <input type="radio"/> No |
| _____ | |
| e. Youth Recreation | <input type="radio"/> Yes <input type="radio"/> No |
| f. In-Home Day Care (full/part-time including before/after school; sick or school closed care) | <input type="radio"/> Yes <input type="radio"/> No |



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- g. Au Pairs Yes No
- h. Babysitting &/or Nanny Services Yes No
- i. 24 Hour Care or Overnight Care Yes No
 - Babysitting Yes No
 - Group Child Care Yes No
 - Private Child Care Yes No
 - Other (explain) Yes No

2. Do you provide services for Adults:
- a. Seniors Yes No
 - b. Individuals with disabilities Yes No
 - c. Other (describe services provided) Yes No

Staffing Procedures

(Note - "Staff" includes but is not limited to: ALL – employees (paid), volunteers, contracted workers, principals, partners, board members, directors and officers.)

- 1. Are staffing applications required for all your staff members? Yes No
- 2. Do they include questions regarding charges, arrests, or convictions for a crime (if this information is permitted by state law) in the states where you operate? Yes No
- 3. If the applicant answers that they have a prior criminal record, including a charge, arrest or conviction for a crime, what is your policy in evaluating the charge, arrest or conviction? _____
- 4. Does the hiring process of all staff include conducting personal interviews prior to employment? Yes No
- 5. Do you verify staff-related references prior to employment? Yes No
- 6. Do you conduct criminal background screenings prior to employment of all staff members? Yes No
- 7. Are criminal background screenings for all staff:
 - a. Local/State Yes No
 - b. National Yes No
 - c. Instant background check Yes No
- 8. Do you run criminal background checks for all staff members on an on-going basis?
 - a. Annually Yes No
 - b. Every 3 years Yes No
 - c. Every 5 years Yes No
 - d. Never Yes No
 - e. Other (if yes, please describe in full) Yes No
- 9. Are all criminal background screenings clear? Yes No
- 10. Do any of your current staff members have a history of arrests, charges or convictions for a crime that includes sex-related or child abuse offenses? (if yes, please explain in detail) Yes No



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Policies and Procedures

1. Do you have written guidelines addressing the prevention of Abuse or Molestation? Yes No

(Note - A complete copy of your Abuse or Molestation Prevention Policy should accompany this supplemental.)

If answered yes, does your Abuse or Molestation Prevention Policy include the following?

a. A description of Abuse or Molestation Yes No

b. Reporting procedures Yes No

c. Investigation procedures Yes No

d. How to identify and respond to situations where abuse or molestation may happen Yes No

e. Anti-bullying policy Yes No

f. Social Media policy Yes No

g. Do you provide in-service training and education on Abuse or Molestation Yes No

h. Do you provide the training at hire and annually thereafter for all staff members Yes No

i. Do you required all staff members to sign a written acknowledgment of comprehension and receipt of the Abuse or Molestation Prevention Policy Yes No

2. Is one-on-one contact between staff members and program participants allowed? Yes No

If yes, under what circumstances? _____

3. What policies are in place to identify and prevent inappropriate relationships between staff members and your program participants? _____

4. Are staff members allowed to take individuals on personal errands and/or to their homes? Yes No

5. Are closed-door meetings or counseling allowed? Yes No

6. Does the Applicant have a written crisis plan in place for dealing with staff members, victims, parents, authorities, and the media if the Applicant has an incident of abuse? Yes No

7. Do you have a written complaint procedure in place? Yes No

If yes, provide details about how this information is communicated (i.e. website, staff handbook, parent handbook, posting notice, etc.): _____

8. Has your organization ever had an incident that resulted in a claim or allegation of physical or mental abuse (including bullying) or sexual abuse or molestation? Yes No

If yes, provide complete details on a separate page and what, if any, policy/procedure changes have been made as a result.

a. Is the claim open? Yes No

If open, provide details on status of claim: _____

If closed settlement amount? _____

b. Is the person identified in the claim(s)/allegation(s) still a staff member? Yes No

Additional Comments: _____

Signature: _____ Print Name: _____

Title: _____ Date: _____

The supplemental must be signed and dated by an authorized officer, partner or principal of the Applicant.