

Supplemental Questionnaire for Abusive Act Liability Coverage

This is a supplemental questionnaire to the General Liability application.

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Applicant Information

Applicant Name:	
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Mailing Address:		
	Street Address	Apartment/Unit #

	City	State	ZIP Code

1. Effective date of coverage:	
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2. Limits of Insurance:	
<u>Occurrence Coverage:</u>	
<input type="checkbox"/> \$250,000 Each Abusive Act/\$250,000 Aggregate	<input type="checkbox"/> \$500,000 Each Abusive Act/\$500,000 Aggregate
<input type="checkbox"/> \$1,000,000 Each Abusive Act/\$1,000,000 Agg.	<input type="checkbox"/> Other: \$ _____

3. Deductible:	\$10,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>	Other: \$ _____ <input type="checkbox"/>
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4. Type of program(s) or business operation(s) conducted:					
<input type="checkbox"/>	Children's' day care	<input type="checkbox"/>	Day camps	<input type="checkbox"/>	Supervised play areas
<input type="checkbox"/>	Pre-school/kindergarten	<input type="checkbox"/>	Overnight camps	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Schools	<input type="checkbox"/>	Youth recreation or sports		
5. Provide a description of all positions that involve adult to minor interaction:					

6. Provide the following information, by program:			
Program/Business Operation	Average Number of Daily Attendees	Numbers of Teachers	Number of Volunteers
Children's day care			
Pre-school/kindergarten			
Schools			
Day camps			
Overnight camps			
Youth recreation or sports			
Supervised play areas			
Other:			

7. If the applicant is a membership organization, such as a church, provide the total number of:	
a. Members: _____	b. Average daily attendees: _____
c. Total full-time and part-time (i.e. 20 or fewer hours) employees and clergy:	
Employees: Full-time _____	Part-time _____
Clergy: Full-time _____	Part-time _____

8. Is the facility open to visits by parents and guardians?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. A. Is there a written policy with procedures for screening and performing background checks on all prospective employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Is there a written policy with procedures for screening prospective employees and volunteers that includes a personal interview by a staff member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Are signed and dated applications required of:	
(1) All prospective employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) All prospective volunteers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. If the answer to A, B, or any part of C, is "yes", where is the documentation stored and for how long?	
10. Are criminal background checks completed on employees and volunteers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are local, state, and federal sexual abuse registries checked for employees and volunteers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Do the employment and volunteer applications:	
a. include a question concerning whether the individual has ever been convicted of any crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. require that one reference be related to the applicant and the other references not be related to the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Are application references checked and documentation maintained?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Is there a written policy addressing abusive acts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Are the following individuals required to sign an acknowledgement of receipt and understanding of the abusive act policy?	
(1) Employees	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) Volunteers	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. How often are the policies and procedures regarding abusive acts reviewed or revised by:	
(1) The applicant? Time(s) every month/year(s), or	<input type="checkbox"/> Other:
(2) Legal counsel? Time(s) every month/year(s), or	<input type="checkbox"/> Other:
15. Is documentation maintained on awareness training of staff and volunteers regarding the abusive act policy including how to recognize signs of child or sexual abuse and what to do if someone reports abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. How frequently is training conducted? _____	
b. Provide details on the trainer(s) including qualifications and company affiliation. _____	
16. Have procedures been developed and publicized to employees and volunteers for reporting and investigating alleged incidents of abusive acts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Has complaint management and investigation been assigned to any person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. If "yes":	
(1) Are the subcontractors government licensed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) Are certificates of liability insurance required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(3) Describe the services provided by subcontractors: _____	
17. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations?	<input type="checkbox"/> YES <input type="checkbox"/> NO

18. In the last ten (10) years:	
a. Has any business insurance been refused, cancelled, or non-renewed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Has the applicant or any employee had abusive act (or similar) insurance coverage declined, cancelled, or non-renewed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Has the applicant or any employee or volunteer had any claim or suit brought against them as a result of abusive acts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Have any authorities investigated the applicant relating to claims or allegations of abusive acts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the answer is "yes" to any part of question 17, provide complete details by attachment.	
19. Does the applicant have knowledge of any fact, circumstance, or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the answer is "yes", please provide complete details by attachment.	

Disclaimer and Signature

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this questionnaire. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior questionnaire to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct, and complete to the best of his/her knowledge.

By: _____

Date: _____

Title: _____

Licensed Producer, Broker,
or Agent:

License Number:

COVERAGE CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED.