



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? | Yes | No |
| 2. In-Home childcare? | Yes | No |
| 3. Management? If yes, please describe. | Yes | No |
| _____ | | |
| 4. Ownership? If yes, please describe. | Yes | No |
| _____ | | |
| 5. Other? If yes, please provide a detailed description of duties and responsibilities. | Yes | No |
| _____ | | |

Operations and Exposures

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