



Please complete all questions and sign the application. If any questions are not applicable, please indicate.

Applicant \_\_\_\_\_

State licensed: \_\_\_\_\_ State \_\_\_\_\_ License \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION**

1. Describe all positions involving adult-minor interaction (e.g., counselor-student, teacher-student, coach-athlete, etc.) Also, fully describe all volunteer activities.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please show the number of children by age group and the corresponding number of staff.

Age of Child (Years)	Number of Children	Number of Staff
0-2 Years		
2-3 Years		
3-5 Years		
5-7 Years		
7+ Years		
Developmentally Disabled		

3. Are there at least two (2) adults sharing the supervision of children at all times?..... Yes  No

4. Are there any overnight activities? ..... Yes  No   
 If Yes, please describe.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Is your facility specifically designed for its use?..... Yes  No   
 If No, what was it originally designed for and what modifications have been made?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Does the design allow for observation of all staff activities (i.e., windows, half doors, no doors, etc.)? ..... Yes  No   
 If No, please explain.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



- 7. Are children separated by the groups identified above? ..... Yes  No
- 8. Are children separated from adults other than employees (i.e., maintenance, food workers, janitors, etc.)? ..... Yes  No
- 9. Does facility allow unannounced visits and parent/family involvement? ..... Yes  No
- 10. Is Corporal Punishment allowed? ..... Yes  No
- 11. Are there strict guidelines regarding who is allowed to pick up children from facility? ..... Yes  No
- 12. Are transportation services provided for clients? ..... Yes  No   
If Yes, is more than one staff member required in the vehicle? ..... Yes  No
- 13. Do you sublease space? ..... Yes  No
- 14. Do you have cryotherapy? **\*Please note that our program does NOT insure Cryotherapy.** ..... Yes  No

**STAFF SELECTION / TRAINING PROCEDURES**

- 1. Do you have written procedural guidelines specifically addressing volunteer/employee-to-client or client-to-client contact? ..... Yes  No   
If Yes, please attach copies of these guidelines.
- 2. Do you have a formal screening program of volunteers and compensated applicants in place? ..... Yes  No   
If Yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
References contacted? ..... Yes  No   
Fingerprints taken and criminal record check completed? ..... Yes  No
- 3. Are individuals with criminal records or prior problems involving sexual misconduct ever offered employment? ..... Yes  No   
If Yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Have any current employees or volunteers been the subject of a sexual misconduct investigation? ..... Yes  No   
If Yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Are employees trained to look for physical and behavioral signs of abuse and report such information immediately to an appropriate authority? ..... Yes  No
- 6. Is there a formal Orientation Program all employees and volunteers are required to complete? ..... Yes  No   
If Yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Do employees and volunteers go through any additional training on an annual basis? ..... Yes  No

**CLAIMS EXPERIENCE**

Name of current insurance carrier providing Sexual Misconduct coverage:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_



1. Any past or pending claims relating to any form of sexual misconduct? ..... Yes  No

If Yes, provide the following information:

<u>Dollar Amount – Paid and/or Reserved</u>	<u>Date of Occurrence</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

2. Describe all claims listed above. If a claim is still in litigation, state length of time under litigation:

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3. Are you aware of any occurrences which may give rise to a sexual misconduct claim against your organization? Note date of occurrence and briefly describe the incident. Include reports to EEOC and other government organizations.

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4. If you answered Yes to 1 or 2 above, what procedures have you instituted to help reduce the likelihood of another suit or incident?

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**SIGNATURES AND AGREEMENTS**

THE UNDERSIGNED REPRESENTS THAT ALL STATEMENTS AND ANSWERS TO QUESTIONS ARE TRUE, COMPLETE AND ACCURATE AND THAT THERE HAS BEEN NO MISREPRESENTATION OF FACTS. SIGNING THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES A POLICY WILL BE ISSUED.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

PLEASE INCLUDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION:

- Copy of current, valid operator’s license
- Copies of current hiring procedures
- Copies of current Sexual Misconduct policies practiced by the applicant
- Currently valued company loss runs from prior carriers. Minimum 4 years prior to current.

Please describe below any incidents not appearing or described in the loss runs, including any complaints which potentially materialized into claims.

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