



## Abuse or Molestation Liability Questionnaire

Name of Applicant \_\_\_\_\_

Agency \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Limit of Insurance Requested (Per \$1,000 Each Abuse Limit/Aggregate Limit)

- |                                  |                                  |                                  |                                    |                                      |
|----------------------------------|----------------------------------|----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 25/50   | <input type="checkbox"/> 50/100  | <input type="checkbox"/> 100/100 | <input type="checkbox"/> 100/200   | <input type="checkbox"/> 100/300     |
| <input type="checkbox"/> 100/500 | <input type="checkbox"/> 300/300 | <input type="checkbox"/> 500/500 | <input type="checkbox"/> 500/1,000 | <input type="checkbox"/> 1,000/1,000 |

**This coverage is not available in the Umbrella (if any).**

### General Questions

	Yes	No
1. Does your employment application for paid and volunteer staff include questions asked if the individual has ever been convicted of a crime, including sex-related or child-abuse related offenses?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your state permit you to do criminal background investigations on prospective employees? <b>If yes</b> , do you request and receive such background investigations? Description of screening _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. How do you verify employment-related references? <input type="checkbox"/> In person <input type="checkbox"/> By phone		
4. Do you conduct a personal interview?	<input type="checkbox"/>	<input type="checkbox"/>
5. During staff orientation, do you discuss how to recognize signs of child abuse and sexual abuse or molestation, and what to do if a person reports someone has molested him/her?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have supervision plan that monitors staff in day-to-day relationships with students, both on and off premises?	<input type="checkbox"/>	<input type="checkbox"/>
7. If you have an incident of abuse, do you have a crisis management plan that addresses students, employees, volunteers, victim, parents, authorities and media?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had an incident that resulted in an allegation of sexual abuse? <b>If yes</b> , describe the allegation:	<input type="checkbox"/>	<input type="checkbox"/>
a. Was a claim made against you? _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the case settled? _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Was the case taken to trial? _____	<input type="checkbox"/>	<input type="checkbox"/>
d. How much was paid as damages to the victim? \$ _____		
9. Number of disabled students annually _____      Number of non-disabled students annually _____		
10. Comments		

**The undersigned Authorized Representative of the Applicant declares that, to the best of his/her knowledge and belief, the statements set forth in this supplemental application and its attachments and other materials submitted to the Company are true and complete and may be relied upon.**

Signature of Applicant's Authorized Representative \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_