



SEXUAL AND PHYSICAL ABUSE SUPPLEMENT
PUBLIC SECTOR SERVICES

Name of Insured, Proposed Effective Date, Address of off-site programs, City, State, Zip Code, Description of all off-site programs

GENERAL INFORMATION

NATURE OF CUSTODIAL CARE EXPOSURE

1. Describe all positions involving adult-minor interaction (e.g., Teacher-Student, Coach-Athlete, Counselor-Student, etc.) Also describe fully any volunteer activities

2. Overnight activities? ..... Yes No
If yes, please explain

3. Have there ever been incidents of sexual or physical abuse arising in connection with your operations? ..... Yes No
If yes, please explain

4. Has there ever been an investigation of your operations by any public authority relating to sexual or physical abuse?..... Yes No
If yes, please explain

5. The staff breakdown by age is:
How many? How many?
\_\_\_\_\_ child(ren) 0-2 years of age \_\_\_\_\_ staff member(s)
\_\_\_\_\_ child(ren) 2-3 years of age \_\_\_\_\_ staff member(s)
\_\_\_\_\_ child(ren) 3-5 years of age \_\_\_\_\_ staff member(s)
\_\_\_\_\_ child(ren) 5-7 years of age \_\_\_\_\_ staff member(s)
\_\_\_\_\_ child(ren) 7 years and above \_\_\_\_\_ staff member(s)
\_\_\_\_\_ child(ren) Developmentally Disabled \_\_\_\_\_ staff member(s)

SELECTION PROCEDURES

6. Do you require a written application for all volunteers and employees? ..... Yes No
a. If yes, does it include questions relating to prior civil sexual/physical abuse allegations or incidents? ..... Yes No
7. Is there a pre-employment background check conducted for all employees and volunteers?..... Yes No
a. If yes, how? In writing By phone

8. Does the background check information include:
- a. Personal References? ..... Yes No
- b. Police Record Check? ..... Yes No
9. Do you use any form of psychological profiling or abuse screening techniques? ..... Yes No
- If yes, please describe:*

**PHYSICAL LAYOUT**

10. Is your facility specifically designed for its use? ..... Yes No
- If no, please describe:*

11. Describe areas where child/adult interaction occurs:

12. Are all activities conducted in one building? ..... Yes No

13. Describe any dormitories or sleeping facilities:

14. Does the design allow for observation of all staff activities (i.e., all rooms have windows or doors removed, observational mirrors are in place, etc.)? ..... Yes No

15. Are separate bathrooms maintained for each gender, and is usage monitored? ..... Yes No

16. Are children separated from all adults other than employees and volunteers (e.g., janitorial, food service, etc.)? ..... Yes No

**CONTROLS**

**DOCUMENTED POLICY/PROCEDURAL MANUAL**

17. Do you have a written procedural manual that contains:
- a. A commitment to child safety? ..... Yes No
- b. A child protection policy with assigned responsibilities and accountabilities? ..... Yes No
- c. Procedures to be followed in the event of an allegation? ..... Yes No
- d. Restrictions on off-site one-to-one activities? ..... Yes No
18. The responsibility for child protection is assigned to:
19. Are policy statements written and publicly displayed? ..... Yes No
20. Are rules concerning sexual and physical abuse, in place and communicated? ..... Yes No

**CONTROLS**

**EMPLOYEE AND VOLUNTEER TRAINING**

21. Do you have an orientation program which all staff members and volunteers are required to complete?..... Yes No
22. Does the orientation program include any of the following:
- a. A review of the facilities' policies? ..... Yes No
  - b. Abuse recognition and response? ..... Yes No
  - c. Rules and procedures for child protection? ..... Yes No
  - d. Handbooks and documentation of training courses completed? ..... Yes No
  - e. Informing new employees/volunteers there is zero tolerance for sexual/physical abuse? ..... Yes No
  - f. Probationary/observation period for new employees/volunteers? ..... Yes No
23. Do you offer any on-going or repetitive training for existing employees/volunteers? ..... Yes No
24. Describe circumstances where adults will be in ***one-to-one*** situations with children:

25. Are the following rules enforced? ***(All items must be completed)***.

- b. No corporal punishment permitted ..... Yes No
  - c. Transportation is done by two adults, or very strict time & routes are enforced ..... Yes No
  - d. Child custody is pre-established for pickup and visits ..... Yes No
  - e. Secret organizations, exclusive clubs, etc., are not tolerated ..... Yes No
  - f. Overnight activities are clearly planned and approved by management. Adequate number of pre-approved staff/volunteers, no single adult/child shared sleeping accommodations ..... Yes No
  - g. Off premises activities are only done with 2 or more prepared staff/volunteers ..... Yes No
  - h. All areas are checked on an unannounced basis during each week ..... Yes No
26. Are unannounced parental visits and program involvement encouraged ..... Yes No
27. Is there a "buddy" system in place for children? ..... Yes No

**CONTROLS**

28. Describe your complaint handling procedures ***(include investigation, documentation, and action steps)***.

**LICENSING**

29. Is your operation licensed? ..... Yes No
30. Is your operation subject to any specific laws or regulations? ..... Yes No
- If yes, please describe*

31. Is your organization in compliance? ..... Yes No

**OTHER INSURANCE**

32. Do you have any other insurance in place (i.e., professional coverage) which would respond to sexual and physical abuse claims? ..... Yes No
- If yes, please describe*

**Attach copies of child protection policy and newsletter or activities manuals.**

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.