



**SUPPLEMENTAL APPLICATION
ABUSE OR MOLESTATION COVERAGE**

| | | |
|------------------------------------|--|--------------|
| Name and Address of Insured | | Date: |
| Operating As: | <input type="checkbox"/> For Profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other: | |

Desired Limits for Abuse or Molestation Coverage

- \$100,000 each abuse or molestation offense/ \$100,000 aggregate
- \$250,000 each abuse or molestation offense / \$250,000 aggregate
- \$500,000 each abuse or molestation offense / \$1,000,000 aggregate
- \$1,000,000 each abuse or molestation offense / \$2,000,000 aggregate

Account Type:

| | |
|---------------------------------------|--|
| Describe Your Primary Business | |
|---------------------------------------|--|

Check all operations that apply:

Note: Primary refers to your predominant operation that generates most of your sales, payroll, receipts, admissions, income, or operating revenues.
Ancillary refers to any activities that are incidental to your primary operation.

| | | Primary | Ancillary | | | Primary | Ancillary |
|--|--------------------------|---------|--------------------------|--|--------------------------|---------|--------------------------|
| Ambulance Service | <input type="checkbox"/> | | <input type="checkbox"/> | Library | <input type="checkbox"/> | | <input type="checkbox"/> |
| Assisted Living Facility | <input type="checkbox"/> | | <input type="checkbox"/> | Monastery | <input type="checkbox"/> | | <input type="checkbox"/> |
| Building Owner | <input type="checkbox"/> | | <input type="checkbox"/> | Medical Office (including Dental) | <input type="checkbox"/> | | <input type="checkbox"/> |
| Bus Company | <input type="checkbox"/> | | <input type="checkbox"/> | Museum | <input type="checkbox"/> | | <input type="checkbox"/> |
| Camp Answer question 1 on page 2, | <input type="checkbox"/> | | <input type="checkbox"/> | Penal Institution | <input type="checkbox"/> | | <input type="checkbox"/> |
| Church/ Religious Organization | <input type="checkbox"/> | | <input type="checkbox"/> | Police Department | <input type="checkbox"/> | | <input type="checkbox"/> |
| Club- civic, service, social | <input type="checkbox"/> | | <input type="checkbox"/> | Restaurant | <input type="checkbox"/> | | <input type="checkbox"/> |
| Club- country or golf | <input type="checkbox"/> | | <input type="checkbox"/> | School K-12 Answer question 4 on page 2, | <input type="checkbox"/> | | <input type="checkbox"/> |
| Club- exercise or health | <input type="checkbox"/> | | <input type="checkbox"/> | School- Miscellaneous Answer question 5 on page 2, | <input type="checkbox"/> | | <input type="checkbox"/> |
| College/University Answer question 2 on page 2, | <input type="checkbox"/> | | <input type="checkbox"/> | Seminary | <input type="checkbox"/> | | <input type="checkbox"/> |
| Convalescent Home/Nursing Home | <input type="checkbox"/> | | <input type="checkbox"/> | Shelter, Mission, Settlement, or Halfway House | <input type="checkbox"/> | | <input type="checkbox"/> |
| Convent | <input type="checkbox"/> | | <input type="checkbox"/> | Social Service Agency Answer question 6 on page 2, | <input type="checkbox"/> | | <input type="checkbox"/> |
| Day Care Center- Adult or Child Answer question 3 on page 2, | <input type="checkbox"/> | | <input type="checkbox"/> | Store | <input type="checkbox"/> | | <input type="checkbox"/> |
| Healthcare facility (incl. Home Health Care) | <input type="checkbox"/> | | <input type="checkbox"/> | Taxi Cab/ Limousine Service | <input type="checkbox"/> | | <input type="checkbox"/> |
| Hotel/Motel | <input type="checkbox"/> | | <input type="checkbox"/> | YMCA/YWCA | <input type="checkbox"/> | | <input type="checkbox"/> |
| Youth Recreation programs including Boy/Girl Scouts Answer question 7 on page 2, | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |

Other Custodial Operation (Explain):
Examples: Babysitting service, supervised play area, supervised children's programs/activities, youth sports clinic, and other similar operations.

Additional Questions (Answer only if applicable to your operations)

1. Camp Operations

| | |
|--|--------------------------|
| Type of Camp: | |
| Number of days camp is operational (annually): | |
| Number of Camp Locations: | |
| Day | <input type="checkbox"/> |
| Overnight | <input type="checkbox"/> |

2. Colleges/Universities

| | |
|--|--|
| Total undergraduate student enrollment | |
| Percentage of Boarding Students | % |
| Fraternities or Sororities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Day Care- Adult or Child

| | |
|----------------------------|---------------------------------|
| Total number of attendees: | |
| Age of Attendees | Average Daily Attendance |
| Under 2 years | |
| 2 to 5 years | |
| 6 to 17 years | |
| 18 to 60 years | |
| 60 years + | |

4. Schools K-12

| | |
|---------------------------------|---|
| Total student enrollment | |
| Percentage of Boarding Students | % |

5. Schools- Miscellaneous

| |
|--|
| Please describe your operations below: |
| |

6. Social Service Agencies

| |
|---|
| List/describe the types of social services offered: |
| |

7. Youth Recreation programs including Boy or Girl Scouts

| | |
|-----------------------------|--|
| Total registrant enrollment | |
|-----------------------------|--|

Subcontracted Custodial Operations

| | |
|--|--|
| Do you hire or use subcontractors for any custodial operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require that those subcontractors name you as an additional insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require those subcontractors to provide a Certificate of Insurance showing Abuse or Molestation coverage with limits of at least \$1,000,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Number and Types of Clients/Students in your Custody

| Client/student Description | Approximate Total Number |
|--|--------------------------|
| Persons under the age of 18 | |
| Persons who are physically or mentally impaired/handicapped | |
| How long is a client/student normally associated with your organization? | |

Licensing/Regulatory Requirements

Is licensing required for your custodial operation?
 Yes No

If Yes: Is your license current?
 Yes No If No, please explain

If Yes: Has your license ever been suspended or revoked? (Not Applicable in Missouri)
 Yes No If yes, please explain

Are there local/state/federal regulatory requirements for your custodial operations?
 Yes No

Do your custodial business operations meet or exceed all applicable state or local regulatory requirements?
 Yes If No, please explain in detail

Has there ever been an investigation of your operations by any public authority relating to abuse or molestation?
 Yes No If Yes, please explain in detail.

Incident and Claim History

| Describe any Abuse or Molestation Incidents/Losses/Claims | | | |
|---|-------------|-------------|-------------|
| Date of Incident | Description | Loss Amount | Open/Closed |
| | | | |
| | | | |

Volunteers:

Do you utilize volunteers? Yes No

If Yes: What percentage of your current staff are volunteers?

If Yes: Describe fully any volunteer activities

Location

Where do interactions with clients/students take place? (Check all that apply)

- Public Areas
- School Facilities
- Others – Describe:
- Private Offices
- Private Homes
- Remote Locations
- Camp Grounds

Which of the following controls do you have in place to prevent the potential for abuse or molestation?

- Windowed rooms Yes No
- Windowed doors Yes No

Open Viewing areas which prevent a single employee/volunteer from routinely being alone with a client/student AND out of view from other employees/volunteers? Yes No

Describe any area of your facilities which would allow an employee or volunteer to be alone with a client/student.

Does your facility have security patrols or closed circuit monitors of client/student areas? Yes No

Are children separated from all adults other than employees and volunteers who are responsible for their care and supervision (e.g. janitorial, food service, maintenance, suppliers, vendors, visitors, customers, or other adults that may be on, or have access to your premises)?

- Yes No

Foreign Exposures

Describe any client/student activities, sponsored by you, that take place outside of the United States.

For activities outside the U.S., are clients/students chaperoned by

- Employees
Volunteers
Parents
Not Chaperoned
Other (Describe)

Parent/Family Involvement

Indicate the parent or family member involvement in your activities:

| | |
|---|--------------------------|
| Routine, ongoing involvement of parents or family members | <input type="checkbox"/> |
| Occasional parental/family involvement | <input type="checkbox"/> |
| No or almost no parental/family involvement | <input type="checkbox"/> |

Employee/Volunteer Interaction with Clients/Students

Describe all positions involving adult-minor interaction (e.g. Teacher-Student, Coach-Athlete, Counselor-Client/Student, etc.)

Level of Adult Supervision

Indicate the level of your employee/volunteer supervision of activities with clients/students:

- Single employee works alone with clients/students
 Single volunteer works alone with client/students

If either of the above two boxes are checked, please explain in detail why such one-on-one activities/interfaces are necessary as part of your operations/activities, e.g., counseling, therapy, etc.

- Single employee/volunteer alone with multiple clients/students
 Two or more employees or volunteers are present with clients/students

Personal Activities With which personal activities do your employees/volunteers assist clients/students?

- Normally no assistance with personal activities
 Bathing, toileting, or changing clothes
 Other (Describe):

Employee/Volunteer Hiring or Selection Procedures

(Note: These questions do not apply to volunteers whose activities are occasional and infrequent.)

| | <u>Employees</u> | | <u>Volunteers</u> | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Do you require a written application for all employees and volunteers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do applications require the applicant's signature and include a warning that untruthful answers are grounds for non-employment or dismissal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do applications include questions concerning any prior abuse or molestation allegations, incidents, convictions, or pleadings of guilty or "no contest" to a misdemeanor or felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the application include an acknowledgement that a background check may be conducted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you perform documented reference checks including criminal records background checks on a state and federal level on all employees who have contact with clients/students, including janitorial staff, and all volunteers? Please explain any exceptions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you maintain the practice of turning down new employees with prior sexual/physical abuse or molestation allegations against them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you screen employees/volunteers for drug use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use any form of psychological profiling or abuse screening techniques? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Background Checks

(Note: These questions do not apply to volunteers whose activities are occasional and infrequent.)

| | <u>Employees</u> | | <u>Volunteers</u> | |
|---|---|-----------------------------|----------------------------------|-----------------------------|
| Have background checks been conducted on all current employees/volunteers? | <input type="checkbox"/> Local | <input type="checkbox"/> No | <input type="checkbox"/> Local | <input type="checkbox"/> No |
| | <input type="checkbox"/> Federal | <input type="checkbox"/> No | <input type="checkbox"/> Federal | <input type="checkbox"/> No |
| Do you conduct criminal background checks as a hiring requirement for new employees/volunteers? | <input type="checkbox"/> Local | <input type="checkbox"/> No | <input type="checkbox"/> Local | <input type="checkbox"/> No |
| | <input type="checkbox"/> Federal | <input type="checkbox"/> No | <input type="checkbox"/> Federal | <input type="checkbox"/> No |
| Do you conduct follow-up background checks in accordance with state/local requirements or at a minimum of every five years? | <input type="checkbox"/> Local | <input type="checkbox"/> No | <input type="checkbox"/> Local | <input type="checkbox"/> No |
| | <input type="checkbox"/> Federal | <input type="checkbox"/> No | <input type="checkbox"/> Federal | <input type="checkbox"/> No |
| How often do you obtain background checks? | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> > 5 yrs | | | |
| Do you perform qualification or credential checks on all professional staff including teachers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

Policies / Procedures for Prevention of Abuse or Molestation

| | | |
|---|------------------------------|-----------------------------|
| Do you have written policies and procedures for the prevention of abuse/molestation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your written procedures manual: | | |
| • Outline your organization's commitment to child safety and the safety of any other persons in your custody? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Establish a child/victim group protection policy with assigned responsibilities and accountabilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Contain procedures for the immediate and proper handling of sexual or other abuse allegations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Prohibit corporal punishment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Require that written procedures are publicly displayed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Indicate that anyone suspected of an abuse/molestation offense will be subject to civil or criminal prosecution to the fullest extent allowed by law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Youth Organizations (e.g. primary schools, youth recreation organizations, camps, day cares) do your written procedures:

- Establish a "three person rule" to restrict "one on one" situations between employee/volunteer and clients/students? Yes No
- Establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No

If you are a school do your procedures include controls, such as:

- Identifying those specific situations where and under what circumstances "one on one" meetings are allowed? Yes No
- Specifying that "one on one" meetings are only permitted during specifically designated hours? Yes No
- Requiring that the student and/or teacher are visible from the corridor through a window in the door or an open door at all times? Yes No
- Requiring that "one on one" meetings only take place when the school is considered "open" i.e. accessible to staff and visitors? Yes No

Are the following rules/practices enforced?

- Transportation done by two adults or has very strict time and routes enforced. Yes No
- Required prior establishment of those persons allowed to visit/pickup clients/students. Yes No
- Overnight activities are clearly planned and approved by management? (Adequate number of pre-approved employees/volunteers and no single adult/child shared sleeping accommodations.) Yes No
- Off premises activities are only done with 2 or more prepared staff/volunteers. Yes No
- Encouragement of unannounced parental visits and program involvement Yes No
- A buddy system in place for children. Yes No

Abuse or Molestation Training

Describe your abuse or molestation prevention training (check)

| | <u>None</u> | <u>Orientation</u> | <u>Formal Training</u> | <u>Records Kept</u> |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Volunteers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Do your employee/volunteer training procedures: | | |
|--|------------------------------|-----------------------------|
| • Have a documented orientation program in place that clearly indicates "zero tolerance" of any type of abuse or molestation to the child/victim group and outlines what action will be taken in the event of any such abuse or molestation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Include training in the recognition of sexual/physical abuse symptoms and include procedures to follow if a peer is suspected of such abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Have a probationary period in place with close observation of all new employees/volunteers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Periodically schedule refresher training for all employees/volunteers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Document all training for content and frequency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Client/Student Abuse or Molestation Training | |
|--|--|
| Do you conduct abuse or molestation awareness training for clients/students? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you keep records of clients/students abuse or molestation awareness training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
| PRODUCER'S SIGNATURE | DATE |