



ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Identify current hiring practices for paid and volunteer staff:

Are employment applications required for positions? Yes No

Is prior employment verified for each applicant and recorded in applicant's file? Yes No

Are references obtained? Yes No Are references checked? Yes No

Are criminal records checked? Yes No

Does your employment application include questions regarding prior criminal convictions? Yes No

Do you advise every applicant that criminal background checks will be performed? Yes No

2. Identify staff status (check all that apply): Employees Volunteers Parent-volunteers

Are all staff members age 21 years or older? Yes No

3. Do you discuss the importance of providing a safe environment for the children in your care? Yes No

4. Does your orientation include how to recognize the signs of an abused child? Yes No

5. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? Yes No

6. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow? Yes No

7. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? Yes No

8. Has a claim ever been made against your facility? Yes No

If yes, please explain in detail, including the amount of damages paid to the victim: _____

9. What has been done to prevent such occurrences from happening in the future? _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)