Allen Financial Insurance Group

SUPPLEMENTAL APPLICATION
ABUSE OR MOLESTATION COVERAGE

Name and Address of Insured		Date:
Operating As:	☐ For Profit ☐ Nonprofit ☐ 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	☐	☐	Library	☐	☐
Assisted Living Facility	☐	☐	Monastery	☐	☐
Building Owner	☐	☐	Medical Office (including Dental)	☐	☐
Bus Company	☐	☐	Museum	☐	☐
Camp **Answer question 1 on page 2,**	☐	☐	Penal Institution	☐	☐
Church/ Religious Organization	☐	☐	Police Department	☐	☐
Club- civic, service, social	☐	☐	Restaurant	☐	☐
Club- country or golf	☐	☐	School K-12 **Answer question 4 on page 2,**	☐	☐
Club- exercise or health	☐	☐	School- Miscellaneous **Answer question 5 on page 2,**	☐	☐
College/University **Answer question 2 on page 2,**	☐	☐	Seminary	☐	☐
Convalescent Home/Nursing Home	☐	☐	Shelter, Mission, Settlement, or Halfway House	☐	☐
Convent	☐	☐	Social Service Agency **Answer question 6 on page 2,**	☐	☐
Day Care Center- Adult or Child **Answer question 3 on page 2,**	☐	☐	Store	☐	☐
Healthcare facility (incl. Home Health Care)	☐	☐	Taxi Cab/ Limousine Service	☐	☐
Hotel/Motel	☐	☐	YMCA/YWCA	☐	☐
Youth Recreation programs including Boy/Girl Scouts **Answer question 7 on page 2,**	☐	☐			

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	☐
Overnight	☐

2. Colleges/Universities

Total undergraduate student enrollment	
Percentage of Boarding Students	%
Fraternities or Sororities?	☐ Yes ☐ 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?	☐ Yes ☐ No
Do you require that those subcontractors name you as an additional insured?	☐ Yes ☐ 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?	☐ Yes ☐ 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   ☐ Private Offices   ☐ Remote Locations
☐ School Facilities   ☐ Private Homes   ☐ Camp Grounds
☐ Others – Describe:

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	☐
Occasional parental/family involvement	☐
No or almost no parental/family involvement	☐

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.)

	Employees		Volunteers	
Do you require a written application for all employees and volunteers?	☐ Yes	☐ No	☐ Yes	☐ No
Do applications require the applicant's signature and include a warning that untruthful answers are grounds for non-employment or dismissal?	☐ Yes	☐ No	☐ Yes	☐ 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?	☐ Yes	☐ No	☐ Yes	☐ No
Does the application include an acknowledgement that a background check may be conducted?	☐ Yes	☐ No	☐ Yes	☐ 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.	☐ Yes	☐ No	☐ Yes	☐ No
Do you maintain the practice of turning down new employees with prior sexual/physical abuse or molestation allegations against them?	☐ Yes	☐ No	☐ Yes	☐ No
Do you screen employees/volunteers for drug use?	☐ Yes	☐ No	☐ Yes	☐ No
Do you use any form of psychological profiling or abuse screening techniques?	☐ Yes	☐ No	☐ Yes	☐ No

Background Checks

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

	Employees		Volunteers	
Have background checks been conducted on all current employees/volunteers?	☐ Local ☐ Federal	☐ No ☐ No	☐ Local ☐ Federal	☐ No ☐ No
Do you conduct criminal background checks as a hiring requirement for new employees/volunteers?	☐ Local ☐ Federal	☐ No ☐ No	☐ Local ☐ Federal	☐ No ☐ No
Do you conduct follow-up background checks in accordance with state/local requirements or at a minimum of every five years?	☐ Local ☐ Federal	☐ No ☐ No	☐ Local ☐ Federal	☐ No ☐ No

How often do you obtain background checks?

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ > 5 yrs

Do you perform qualification or credential checks on all professional staff including teachers?	☐ Yes	☐ No

Policies / Procedures for Prevention of Abuse or Molestation

Do you have written policies and procedures for the prevention of abuse/molestation?	☐ Yes	☐ No

Does your written procedures manual:

• Outline your organization's commitment to child safety and the safety of any other persons in your custody?	☐ Yes	☐ No
• Establish a child/victim group protection policy with assigned responsibilities and accountabilities?	☐ Yes	☐ No
• Contain procedures for the immediate and proper handling of sexual or other abuse allegations?	☐ Yes	☐ No
• Prohibit corporal punishment?	☐ Yes	☐ No
• Require that written procedures are publicly displayed?	☐ Yes	☐ 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?	☐ Yes	☐ 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:

  - Identifiying 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)

	None	Orientation	Formal Training	Records Kept
Employees	☐	☐	☐	☐
Volunteers	☐	☐	☐	☐

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?	☐ Yes	☐ No
• Include training in the recognition of sexual/physical abuse symptoms and include procedures to follow if a peer is suspected of such abuse?	☐ Yes	☐ No
• Have a probationary period in place with close observation of all new employees/volunteers?	☐ Yes	☐ No
• Periodically schedule refresher training for all employees/volunteers?	☐ Yes	☐ No
• Document all training for content and frequency?	☐ Yes	☐ No

Client/Student Abuse or Molestation Training	
Do you conduct abuse or molestation awareness training for clients/students?	☐ Yes ☐ No
Do you keep records of clients/students abuse or molestation awareness training?	☐ Yes ☐ No

APPLICANT'S SIGNATURE	DATE

PRODUCER'S SIGNATURE	DATE