

GENERAL APPLICANT INFORMATION

Applicant Name: _____ Website: _____

Contact Person for Inspection: _____ Email: _____ FEIN: _____

1. Full description of all operation(s): _____

Attach brochure(s) if available and currently valued loss runs.

2. Type of entity: ☐ Non-Profit ☐ For Profit

3. Number of years in operation*: _____ Years under present management: _____

***If new in operation, please send a copy of the director's resume.**

4. Are you aware of ANY claims, allegations, and/or incidences for physical, mental, sexual abuse or molestation made against your organization, or against anyone working on your behalf that may give rise to a claim in the past five (5) years? ☐ Yes ☐ No

If Yes, please provide details including dates, current status, amount paid/incurred, and resulting organizational/policy changes implemented as a result (attach additional page if necessary). _____

5. Prior Carrier Information:

Company: _____ Limits: _____

Occurrence: _____ Claims-Made: _____ Retroactive Date: _____

6. Requested Limits: Each Incident: _____ Aggregate: _____

Occurrence: _____ Claims-Made: _____ Retroactive Date: _____

7. Does your staff employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? ☐ Yes ☐ No

8. Do you run criminal background screenings on employees? ☐ Yes ☐ No

Volunteers? ☐ Yes ☐ No

Contracted Staff? ☐ Yes ☐ No

9. Do you have written policies and procedures for dealing with physical and sexual abuse or molestation? **If Yes, attach a copy** ☐ Yes ☐ No

10. Do you have a plan of supervision that monitors staff in day-to-day relationships with vulnerable individuals and children both on and off-premises? ☐ Yes ☐ No

11. Are procedures in place to avoid one-on-one situations so that more than one employee/volunteer is present at all times when a child is in your care? ☐ Yes ☐ No

12. Is there documented formal staff training on physical, sexual, abuse or molestation, including how to recognize the signs and how to report a known or suspected incident? ☐ Yes ☐ No

Does staff sign off acknowledging these policies and procedures? ☐ Yes ☐ No

13. Indicate annual number of individuals in each age range for all programs/services:

_____ 0-8 years: _____ 9-18 years: _____ over 18 years