



ABUSE AND MOLESTATION APPLICATION

BROKER INFORMATION

Broker/Agency Name:	
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GENERAL APPLICANT INFORMATION

Business Name:	
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POLICY INFORMATION *(Only complete if abuse coverage was a separate policy than your package or general liability)*

Effective Date:	Expiration Date:	Quote Need By Date:
Previous Insurance Carrier:	Have coverages ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:	
Policy Term:	Year:	Year:
Coverage/Limits:		
Annual Premium:		

LOSS EXPERIENCE

*Incurred Losses /Claims: Please attach company loss runs including specific details of all claims and the disposition of each.	
Are you aware of any circumstances currently existing or threatened that may possibly result in a claim under this insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

*Please provide hard copy loss runs with description of all individual claims or reserves.

UNDERWRITING INFORMATION

Employment Practices: Hiring & Screening	EMPLOYEES	VOLUNTEERS
Do you have written procedures for screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require employment applications or questionnaires for all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the employment applications or volunteer questionnaires ask about past accusations or convictions including sex related offenses or child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you check credentials and qualifications for employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you check prior employment and personal references?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct personal interviews with each candidate for employment or volunteer opportunity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you secure background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify all background checks that are obtained:	<input type="checkbox"/> County Criminal	<input type="checkbox"/> State Criminal
	<input type="checkbox"/> Federal Criminal	<input type="checkbox"/> SSN Verification
		<input type="checkbox"/> Nationwide Sex Offender Registry
Please provide a detailed explanation for all No answers above:		



Employment Practices: Policies and Procedures					
Do you have written policies and procedures for the prevention of abuse and handling of allegations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide detailed explanation:				
How is the information transmitted to employees and volunteers? i.e. employee/volunteer handbook, orientation training, formal training, etc.					
Are records kept or files documented on the training?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Please describe your incident reporting procedures:					
Business Operations:					
Do you have any custodial responsibilities for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide detailed explanation:				
How do you supervise employees/volunteers while they are engaged in the custody minors?					
Does your organization have any of the following exposures for minors:					
<input type="checkbox"/> Overnight travel	<input type="checkbox"/> Overnight accommodations	<input type="checkbox"/> Campgrounds	<input type="checkbox"/> Daycare	<input type="checkbox"/> Personal care of minors i.e. bathing, changing clothes, toileting	<input type="checkbox"/> Other:
Please indicate the age range of minors in your care or supervision:					
Do you require any contractors that have care or supervision over minors in your operation to carry abuse and molestation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the required limits:					

Required Information for a Quote	
Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. Copy of policies and procedures for abuse and molestation	<input type="checkbox"/>
2. Detailed listing of all allegations and convictions for abuse and molestation	<input type="checkbox"/>
3. 5 Year Hard Copy Loss Runs – currently valued	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND ESTIMATES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____