

APPLICATION FOR SEXUAL MISCONDUCT LIABILITY INSURANCE

Instructions

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking clergy or executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

GENERAL INFORMATION

1. NAME OF APPLICANT _____

2. ADDRESS OF APPLICANT _____

3. PERSON TO CONTACT _____

4. TYPE OF OPERATION Corporation-for profit Corporation non-profit Religious Institution Other (specify) _____

5. YEARS IN OPERATION _____

6. DESCRIPTION OF SERVICES _____

7. EMPLOYEES and VOLUNTEERS

	Number (annual)	% Male	% Female
Full time employees			
Part time employees			
Clergy			
Volunteers			

8. ANNUAL TURNOVER RATE _____

9. ANNUAL OPERATING BUDGET _____

10. COVERAGE DESIRED: Limit of Liability: _____ Desired Retention: _____

11. PRIOR SEXUAL MISCONDUCT LIABILITY INSURANCE COVERAGE FOR THE LAST FIVE YEARS, PLEASE LIST MOST RECENT FIRST.

Period	Claims Made or Occurrence	Insurer	Premium	Limit	Sir
From ____ / ____ To ____ / ____	_____	_____	_____	_____	_____
From ____ / ____ To ____ / ____	_____	_____	_____	_____	_____
From ____ / ____ To ____ / ____	_____	_____	_____	_____	_____
From ____ / ____ To ____ / ____	_____	_____	_____	_____	_____

12. HAS ANY APPLICANT EVER CANCELED OR NON-RENEWED THIS TYPE OF COVERAGE?

Yes (Please identify the provider and explain on a separate sheet of paper.) No

13. SERVICES / LOCATIONS: *If the services operate in multiple cities or states please attach a list that shows where all services operate.*

Number of Locations	Types of Services	% of Total	Exposure Units		
			Annual <input type="checkbox"/>	Or Other <input type="checkbox"/> (# of Months ____)	
			Number of youth	Age range	Number of adults
	Schools – Religious				
	Schools – public				
	Schools – Private, Elementary				
	Schools – Private, Secondary				
	School Buses				
	YMCA				
	Overnight Camps				
	Day Camps				
	Child Care Centers				
	Churches / Parishes				
	Sunday Schools				
	Mentoring Programs				
	Counseling Services				
	Residential Treatment Centers				
	Group Homes				
	Foster Care Services				
	In-Home Social Services				
	Drop in / Recreation Centers				
	Hospitals				
	Nursing Homes				
	Home Health Care				
	Assisted Living				
	Other (describe)				
TOTAL			TOTAL		TOTAL

LOSS HISTORY

14. PLEASE FURNISH THE PAST SEVEN YEARS' FIRST DOLLAR LOSS HISTORY FOR ALL SEXUAL MISCONDUCT CLAIMS.

Period	# Claims Reserved	# of Claims Paid	Total Paid Loss	Total Paid Expenses	Total Reserved Losses	Total Reserved Expenses
From ___ / ___ To ___ / ___	_____	_____	_____	_____	_____	_____
From ___ / ___ To ___ / ___	_____	_____	_____	_____	_____	_____
From ___ / ___ To ___ / ___	_____	_____	_____	_____	_____	_____
From ___ / ___ To ___ / ___	_____	_____	_____	_____	_____	_____
From ___ / ___ To ___ / ___	_____	_____	_____	_____	_____	_____
From ___ / ___ To ___ / ___	_____	_____	_____	_____	_____	_____
From ___ / ___ To ___ / ___	_____	_____	_____	_____	_____	_____
From ___ / ___ To ___ / ___	_____	_____	_____	_____	_____	_____

15. ON A SEPARATE SHEET OF PAPER, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY SEXUAL MISCONDUCT CLAIM PAID OF RESERVED IN EXCESS OF \$5,000.

- 1) date of initial misconduct
- 2) date claim was brought
- 3) description of loss indicating if sexual contact did/did not occur
- 4) any amounts paid as damages
- 5) amounts reserved
- 6) legal/claim handling expense
- 7) valuation date

16. IS THE APPLICANT AWARE OF ANY FACTS, INCIDENTS, CIRCUMSTANCES, OR ALLEGATIONS THAT MAY RESULT IN CLAIMS BEING MADE AGAINST YOU?

Yes (Please provide details on a separate sheet of paper.) No

17. HAS THE APPLICANT, ANY EMPLOYEE, OR ANY VOLUNTEER CURRENTLY SEEKING COVERAGE BEEN INVOLVED IN AN ALLEGATION OR CLAIM RELATING TO SEXUAL ABUSE?

Yes (Please provide details on a separate sheet of paper.) No

LOSS PREVENTION EFFORTS

18. CHECK WHICH OF THE FOLLOWING METHODS ARE USED IN THE SCREENING AND HIRING PROCESS FOR EMPLOYEES AND VOLUNTEERS. PLEASE ATTACH A COPY OF ANY ITEMS IN BOLD.

Loss Prevention Methods	Type in "Y" for Yes and "No" for No	Employees	Volunteers
a) Standard Application			
b) Code of Conduct (attach a copy)			
c) Interview			
Face to face interview			
Standard list of interview questions			
Use behavioral interviewing techniques			
Interview by more than one person			
d) Reference Checks			
Standard questions for references			
e) Criminal background check			
f) Abuse registry check			
g) Checklist of indicators that may indicate increased risk to abuse			
h) Other (describe) _____			

19. DOES THE ORGANIZATION PROHIBIT IN WRITING EMPLOYEES OR VOLUNTEERS FROM WORKING ALONE WITH A SINGLE CLIENT?

- Yes No

If no, please explain when these situations occur and how the interactions are monitored:

20. ARE VOLUNTEERS DIRECTLY SUPERVISED BY AN EMPLOYEE WHEN INTERACTING WITH CHILDREN OR VULNERABLE ADULTS?

- Yes No

If no, please explain when these situations occur and how the interactions are monitored:

21. ARE STAFF REQUIRED TO COMPLETE ANNUAL ORGANIZATIONAL ABUSE PREVENTION TRAINING?

- Yes *(Please attach curriculum.)* No

22. ARE VOLUNTEERS REQUIRED TO COMPLETE ORGANIZATIONAL ABUSE PREVENTION BEFORE THEY ARE PERMITTED TO VOLUNTEER?

- Yes *(Please attach curriculum.)* No

23. DOES CENTRAL ADMINISTRATION ESTABLISH, MONITOR, AND ENFORCE POLICIES AND PROCEDURES ACROSS ALL LOCATIONS?

- Yes No

24. ARE ITEMS BELOW INCLUDED IN THE EMPLOYEE OPERATIONS HANDBOOK?

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A zero tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the applicant's care. <i>(Please attach copy.)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | A written policy that defines appropriate and inappropriate displays of affections. <i>(Please attach copy.)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | A written procedure for governing the interactions between employees/volunteers and children or other vulnerable persons in your care outside of regular program activities. <i>(Please attach copy.)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | A written procedure for managing the risk when one employee/volunteer is alone with a lone child or other vulnerable person. <i>(Please attach copy.)</i> |

25. DOES SENIOR MANAGEMENT REVIEW AND APPROVE IN WRITING NEW PROGRAMS?

- Yes No

HISTORICAL ACTIVITY

26. HAVE ANY OF THE APPLICANT'S EMPLOYEES BEEN TRANSFERRED IN OR OUT OF YOUR SCHOOL, PARISH/DIOCESE, BRANCH OR CORPORATE LOCATION BECAUSE THEY WERE INVOLVED, SUSPECTED, OR A COMPLAINT WAS MADE REGARDING AN ALLEGATION OF SEXUAL MISCONDUCT?

- Yes No

If yes, please provide details on a separate sheet of paper

27. IN THE PAST 5 YEARS, HAVE ANY EMPLOYEES, VOLUNTEERS, CLERGY, OR OFFICERS BEEN TERMINATED FOR CAUSE RELATED TO SEXUALLY ABUSIVE BEHAVIOR?

- Yes No

If yes, please provide details on a separate sheet of paper

28. HAS THE APPLICANT MERGED WITH ANY OTHER ENTITY IN THE PAST 5 YEARS?

- Yes No

29. IS A MERGER NOW CONTEMPLATED?

Yes

No

If yes, please explain:

30. HAS THERE BEEN A MAJOR INCREASE/DECREASE IN THE OPERATING BUDGET IN THE LAST 5 YEARS?

Yes

No

If yes, please explain:

31. DOES THE APPLICANT PLAN TO ADD ANY ADDITIONAL PROGRAMS IN THE NEXT YEAR?

Yes

No

If yes, please explain:

CLAIMS HANDLING

32. DOES THE APPLICANT HAVE A WRITTEN PROCEDURE FOR RESPONDING TO ALLEGATIONS OF ABUSE?

Yes *(Please attach copy.)*

No

33. DOES THE APPLICANT HAVE A WRITTEN PROCEDURE FOR RESPONDING TO REPORTS OF SUSPICIOUS OR INAPPROPRIATE BEHAVIORS?

Yes *(Please attach copy.)*

No

34. DOES THE APPLICANT HAVE A DESIGNATED INVESTIGATOR WITH SPECIALIZED TRAINING WHO IS IN CHARGE OF HANDLING ALL INTERNAL SEXUAL MISCONDUCT INVESTIGATIONS?

Yes

No

35. DOES THE APPLICANT USE A STANDARDIZED INCIDENT REPORTING FORM ACROSS ALL LOCATIONS AND PROGRAMS?

Yes *(Please attach copy.)*

No

SIGNATURE PAGE

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY LEXINGTON INSURANCE COMPANY OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED.

_____	_____	_____
Date	Applicant's Authorized Signature of a Principal, Partner or Officer	Title
_____	_____	_____
Date	Applicant's Authorized Signature of the Individual in Charge of the Human Resources or Personnel Department	Title
_____	_____	_____
Date	Applicant's Authorized Signature of the Risk Management Officer or Loss Control Officer	Title