Namend and Address of Insured:  

Date: 

Operating As:  

☐ For Profit  ☐ Nonprofit  ☐ Other: 

Account Type (Describe Your Primary Business): 

Check all operations that apply:  

**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.  

<table>
<thead>
<tr>
<th>Primary</th>
<th>Ancillary</th>
<th>Primary</th>
<th>Ancillary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Service</td>
<td></td>
<td>Healthcare facility (incl. Home Health Care)</td>
<td></td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td></td>
<td>Medical Office (including Dental)</td>
<td></td>
</tr>
<tr>
<td>Building Owner</td>
<td></td>
<td>School K-12</td>
<td>Answer question 4 on page 2</td>
</tr>
<tr>
<td>Bus Company</td>
<td></td>
<td>School-Miscellaneous</td>
<td>Answer question 5 on page 2</td>
</tr>
</tbody>
</table>

Camp **Answer question 1 on page 2**

Club-civic, service, social

Club-country or golf

Club-exercise or health

College/University **Answer question 2 on page 2**

Convalescent Home/Nursing Home

Day Care Center-Adult or Child **Answer question 3 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  ☐ Night

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**
   - Under 2 years
   - 2 to 5 years
   - 6 to 17 years
   - 18 to 60 years
   - 60 years +
   - **Average Daily Attendance**
4. **Schools K-12**
   - Total student enrollment:  
   - Percentage of Boarding Students:  

5. **Schools - Miscellaneous**
   - Describe your operations:

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

<table>
<thead>
<tr>
<th>Client/student Description</th>
<th>Approximate Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under the age of 18</td>
<td></td>
</tr>
<tr>
<td>Persons who are physically or mentally impaired/ handicapped</td>
<td></td>
</tr>
</tbody>
</table>

- How long is a client/student normally associated with your organization?

### Licensing/Regulatory Requirements
1. Is licensing required for your custodial operation?  
   - Yes  
   - No
   - If yes, is your license current?  
     - Yes  
     - No
   - If no, explain:
     - If yes, has your license ever been suspended or revoked? (Not Applicable in Missouri)  
       - Yes  
       - No
     - If yes, explain:

2. Are there local/state/federal regulatory requirements for your custodial operations?  
   - Yes  
   - No

3. Do your custodial business operations meet or exceed all applicable state or local regulatory requirements?  
   - Yes  
   - No
   - If no, explain in detail:

4. Has there ever been an investigation of your operations by any public authority relating to abuse or molestation?  
   - Yes  
   - No
   - If yes, explain in detail:

### Incident and Claim History

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Description</th>
<th>Loss Amount</th>
<th>Open/Closed</th>
</tr>
</thead>
</table>

- Describe any Abuse or Molestation Incidents/Losses/Claims

### Volunteers
- Do you utilize volunteers?  
  - Yes  
  - No
- If yes, percentage of your current staff that are volunteers:  
  - %
- If yes, describe fully any volunteer activities:

### Location

Where do interactions with clients/students take place?  
(Click all that apply)

- Public Areas
- School Facilities
- Private Offices
- Private Homes
- Remote Locations
- Camp Grounds
- Other - Describe:
Which of the following controls do you have in place to prevent the potential for abuse or molestation?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windowed rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windowed doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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., clients/students are 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, 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**

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

1. Do you require a written application for all employees and volunteers?  
   | Employees | Volunteers |
   | Yes | No | Yes | No |
2. 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 |
3. 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 |
4. Does the application include an acknowledgement that a background check may be conducted?  
   | Yes | No | Yes | No |
5. 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? 
   Explain any exceptions.  
   | Yes | No | Yes | No |
6. Do you maintain the practice of turning down new employees with prior sexual/physical abuse or molestation allegations against them?  
   | Yes | No | Yes | No |
7. Do you screen employees/volunteers for drug use?  
   | Yes | No | Yes | No |
8. Do you use any form of psychological profiling or abuse screening techniques?  
   | Yes | No | Yes | No |

Background Checks

1. Have background checks been conducted on all current employees/volunteers?  
   | Employees | Volunteers |
   | Local | No | Local | No |
   | Federal | No | Federal | No |
2. Do you conduct criminal background checks as a hiring requirement for new employees/volunteers?  
   | Local | No | Local | No |
   | Federal | No | Federal | No |
3. Do you conduct follow-up background checks in accordance with state/local requirements or at a minimum of every five years?  
   | Local | No | Local | No |
   | Federal | No | Federal | No |
4. How often do you obtain background checks?  
   | 1 | 2 | 3 | 4 | 5 | >5 yrs. |
   | Yes | No | Yes | No |
5. Do you perform qualification or credential checks on all professional staff including teachers?  
   | Yes | No | Yes | No |

Policies/Procedures for Prevention of Abuse or Molestation

1. Do you have written policies and procedures for the prevention of abuse/molestation?  
   | Yes | No | Yes | No |
2. Does your written procedures manual:  
   a. Outline your organization's commitment to child safety and the safety of any other persons in your custody?  
   | Yes | No | Yes | No |
   b. Establish a child/victim group protection policy with assigned responsibilities and accountabilities?  
   | Yes | No | Yes | No |
   c. Contain procedures for the immediate and proper handling of sexual or other abuse allegations?  
   | Yes | No | Yes | No |
3. For Youth Services Organizations (e.g. primary schools, youth recreation organizations, camps, day cares) Restrict "one on one" situations between employee/volunteer and clients/students?  
   | Yes | No | Yes | No |
4. Establish that child care staff must adhere to the "three person rule"?  
   "This rule prevents an adult from being alone with one youth. A second adult must be present, or there must be two or more youth with an adult."  
   | Yes | No | Yes | No |
5. Establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities?  
   | Yes | No | Yes | No |
6. Prohibit corporal punishment?  
   | Yes | No | Yes | No |
7. Require that written procedures are publicly displayed?  
   | Yes | No | Yes | No |
8. 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 | Yes | No |
Are the following rules/practices enforced?
1. Transportation done by two adults or has very strict time and routes enforced.
2. Required prior establishment of those persons allowed to visit/pickup clients/students.
3. Overnight activities are clearly planned and approved by management? (Adequate number of pre-approved employees/volunteers and no single adult/child shared sleeping accommodations.)
4. Off premises activities are only done with 2 or more prepared staff/volunteers.
5. Encouragement of unannounced parental visits and program involvement.
6. A buddy system in place for children.

**Abuse or Molestation Training**
Describe your abuse or molestation prevention training (check)

<table>
<thead>
<tr>
<th></th>
<th>Employees</th>
<th>Orientation</th>
<th>Formal Training</th>
<th>Records Kept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Do your employee/volunteer training procedures:

1. 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?
2. Include training in the recognition of sexual/physical abuse symptoms and include procedures to follow if a peer is suspected of such abuse?
3. Have a probationary period in place with close observation of all new employees/volunteers?
4. Periodically schedule refresher training for all employees/volunteers?
5. Document all training for content and frequency?

**Client/Student Abuse or Molestation Training**

1. Do you conduct abuse or molestation awareness training for clients/students?  
2. Do you keep records of clients/students abuse or molestation awareness training?

**FRAUD STATEMENTS**

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**LOUISIANA and MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Producer Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Producer Name and Address