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Sexual Misconduct Liability Application

I. GENERAL INFORMATION

A. Name and Address of Applicant: _____

_____

B. Person to Contact: _____
Name Title Phone

C. Type of Operation**:** _____Corporation-for profit
_____Corporation non-profit
_____Religious Institution
_____Other (specify)

D. Years In Operation: _____

E. Services/Locations:

	Type of Locations/Services		
Number of Locations	Children Locations/Services	Number of Locations	Adult Locations/Services
	Day Camps		Nursing Homes
	Overnight Camps		Home Health Care
	Schools (specify Kindergarten, Elementary, Middle or -High School)		Assisted Living
	College/Universities		Hospitals
	Hospitals		Hospice Services
	Mentoring Programs		In Home Services (describe)
	School Age Child Care		Day Care Centers
	Day Care Centers		In-Patient Substance Abuse
	In-Patient Substance Abuse		Out-Patient Substance Abuse
	Out-Patient Substance Abuse		Recreation Center-Gym/Locker Room
	Emergency Shelter		Group Home
	Residential Treatment Center		Other (describe)
	Group Home		
	Foster Care Services		
	Recreation Center-Gym/Locker Room		
	Aquatics- Pools/Jacuzzis		
	Sunday School (Bible Study)		
	Other (describe)		
		Total number of locations (not necessarily sum)	

F. Exposure Units

	Number (average daily)	Gender	Age Range
Children	_____	_____	_____
Senior Citizens	_____	_____	_____
Vulnerable Persons	_____	_____	_____

Describe "vulnerable persons": _____

_____

Edition Date.6.11.2001

G. Employees

	Number	Gender
FULL-time employees (including Clergy)	_____	_____
PART-time employees	_____	_____
Clergy	_____	_____
Volunteers	_____	_____

H. Annual turnover rate: _____

I. Annual Operating Budget:_____

J. Coverage Desired:
Limit of Liability: _____
Desired Retention: _____

K. Prior Sexual Misconduct Liability Insurance Coverage for the last five years, please list most recent first:

Period	Insurer	Premium	Limit
From ___/___ to ___/___	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____

L. Has any insurer ever canceled or non-renewed this type of coverage?
_____Yes, please identify the provider and explain on a separate piece of paper.
_____No

II. LOSS HISTORY

A. Please furnish the past seven years first dollar Loss History for all sexual misconduct incidents and allegations, whether or not they resulted in claims.

Period	# of Incidents (no claim)	# of Claims	Total Paid Damages/Exp.	Total Incurred Damages/Exp.
From ___/___ to ___/___	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____

Edition Date.6.11.2001

B. On a separate piece of paper, please provide the following information for any sexual misconduct incident or allegation resulting in a claim or claims in excess of $5000:
   (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

C. Is there currently any sexual misconduct claims (allegation or incident investigation) pending?
   _____Yes, please provide details on another sheet of paper.
   _____No

D. Are you aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you?
   _____Yes, please provide details on another sheet of paper.
   _____No

E. Has the applicant, any employee, or any volunteer currently seeking coverage been involved in an allegation or claim relating to sexual misconduct?
   _____Yes, please provide details on a separate piece of paper.
   _____No

III. LOSS PREVENTION EFFORTS

A. Does the applicant have a Human Resources Director or Department?
   _____Yes _____No

B. Does the applicant have a Loss Control/Risk Management Officer?
   _____Yes _____No

C. In the past 5 years have any employees, volunteers, or officers been terminated for cause related to sexually abusive behavior?
   _____ Yes, how many? _____ Please provide details on a separate piece of paper.
   _____ No

D. Do employees sign a Code of Conduct?
   _____Yes, please attach a copy
   _____No

E. Do volunteers sign a Code of Conduct
   _____Yes, please attach a copy
   _____No

F. Check which of the following methods are used in the screening and hiring process for employees.

- ☐ Application
- ☐ Interview
  - ☐ Face to face interview
  - ☐ Phone interview
  - ☐ Written set of interview questions for employees
  - ☐ Interview by more than one person
  - ☐ Use behavioral interviewing techniques
  - ☐ Please explain on a separate sheet of paper any other methods used to identify potential perpetrators.
- ☐ Reference checks
- ☐ Criminal background check
  - ☐ State check
  - ☐ Federal check
  - ☐ Abuse Registry check
- ☐ Observation of applicant interacting with clients
- ☐ A checklist of indicators for abuse potential
- ☐ Other (specify) _____

_____

_____

G. Are volunteers given direct care responsibilities to the population served?

_☐__Yes _☐__No

H. Check which of the following methods are used in the screening and selection process for volunteers.

- ☐ Application
- ☐ Interview
  - ☐ Face to face interview
  - ☐ Phone interview
  - ☐ Written set of interview questions for volunteers
  - ☐ Interview by more than one person
  - ☐ Use behavioral interviewing techniques
  - ☐ Please explain on separate sheet of paper any other methods used to identify potential perpetrators
- ☐ Reference checks
- ☐ Criminal background check
  - ☐ State check
  - ☐ Federal check
  - ☐ Abuse Registry check
- ☐ Observation of applicant interacting with clients
- ☐ A checklist of indicators for abuse potential
- ☐ Other (specify) _____

_____

_____

I. Is there a budget line item for staff and volunteer training?
_____ Yes, please check the boxes that apply.
_____ No

Staff are required to attend yearly training's regarding organizational abuse prevention.
Volunteers are required to attend yearly training's regarding organizational abuse prevention.

J. Do you publish an employment handbook?
_____Yes, please check the boxes that apply.
_____No

Employment handbook includes specific comments about zero tolerance for sexual misconduct perpetrated on children or other vulnerable persons in your care, **please attach exhibit**.

There is a formal policy statement regarding sexual misconduct behavior involving children or other vulnerable persons, **please attach exhibit**.
The policy statement is distributed to all employees.
The policy statement is distributed to all volunteers.

IV. HISTORICAL ACTIVITY

A. Has any of your staff been transferred IN or OUT of your school, parish/dioceses, branch or corporate location because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct?
_____Yes _____No

B. Has Applicant merged with any other entity within the past 5 years?
_____ Yes _____ No

Is any merger now contemplated? _____Yes _____No If YES, please explain:

_____
_____
_____

C. Has there been a major increase/decrease in the operating budget in the last 5 years? _____Yes _____No If YES, please explain:

_____
_____
_____

D. Has their been an addition of a new program or department in the last 5 years?

_____Yes _____No If YES, please explain the program/department:
_____
_____
_____

V. CLAIMS HANDLING

A. Do you have a written procedure for handling complaints of sexual misconduct?
_____Yes, please submit procedure
_____No

B. Does the applicant have a designated on-site investigator who is in charge of handling all internal sexual misconduct investigations?
_____ Yes_____ No

If YES, are they specially trained on how to conduct sexual misconduct investigations?
_____ Yes _____ No

C. Please describe the process and submit any forms that are used by the applicant to report any claims to its insurer.
_____
_____
_____
_____

VI. CURRENT OTHER LIABILITY INSURANCE

A. Directors and Officers
1. Carrier(s):_____
2. Limit:_____
3. Premium:_____
4. Expiration Date:_____

B. General Liability
1. Carrier(s):_____
2. Limit:_____
3. Premium:_____
4. Expiration Date:_____

C. Umbrella Liability
1. Carrier(s):_____
2. Limit:_____
3. Premium:_____
4. Expiration Date:_____

HAVE YOU ATTACHED:

_____ Complete Description of Operation/Service (Brochures and/or Literature)

_____ Current Audited Financial Statements or Annual Budget

_____ Details on canceled or non-renewed sexual misconduct coverage (Item I. K.)

_____ Large claims in excess of $5,000 (Item II. B.)

_____ Details of pending sexual misconduct claims (Item II. C.)

_____ Details of any facts, incidents, circumstances, or allegations that may result in a claim (Item II. D.)

_____ Details on persons seeking coverage with prior claims, charges, or allegations (Item II. E.)

_____ Details on persons who have been terminated related to sexually abusive behaviors (Item III. C.)

_____ Employee and/or volunteer Code of Conduct (Item III. D. & E.)

_____ Formal policy statement regarding sexual misconduct behavior (Item III. J.)

_____ Written procedure for handling sexual misconduct complaints (Item V. A.)

_____ Forms used for claim handling procedures (Item V. C.)

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