



SUPPLEMENTAL QUESTIONNAIRE FOR ABUSIVE ACTS LIABILITY COVERAGE

Name of Applicant:

Mailing Address:

- 1. Effective Date of Coverage:
2. Limits of Insurance: Occurance Coverage
\$1,000,000 Each Abusive Act/\$1,000,000 Agg.
Other: \$

3. Deductible: \$1,000 \$10,000 \$50,000 Other: \$

- 4. Type of program(s) conducted:
Fitness Wellness Spa
Racquet Facility Dance Studio Day Care/Day Camp
Other

5. Provide the following information by program:

Table with 4 columns: Program, Average Number of Daily Attendees, Number of Employees (Not Volunteers), Number of Volunteers. Rows include Day Camp, Spa/Fitness, and Other.

6. What is the total number of full-time and part-time (i.e. 20 or fewer hours) employees?
Total Number of Full-time Employees: Total Number of Part-time Employees:

- 7. a) Is the facility open to visits by parents and guardians? Yes No
b) Is the facility licensed? If yes, provide a copy of the license. Yes No
c) Are the participants separated by age group? Yes No
8. a) Number of new employees hired in the past 12 months:
b) Number of new volunteers in the past 12 months:
9. a) Is there a written policy with procedures for screening and performing background checks of all prospective employees? Yes No
b) Is there a written policy with procedures for screening prospective employees AND VOLUNTEERS that includes a personal interview by a staff member? Yes No
c) Are signed and dated applications required of all
1) All prospective employees? Yes No
2) All prospective volunteers? Yes No
d) If the answer to a, b or any part of c is 'yes', where is the documentation stored and for how long?

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10. Do the employment and volunteer applications:
- a) Include a question(s) concerning whether the individual has ever been convicted of any crime including sex-related crime or child abuse? Yes No
 - b) Require that one reference be related to the applicant and the other reference not be related to the applicant? Yes No
11. Are application references checked and documentation maintained? Yes No
12. a) Is there a written policy addressing abusive acts? Yes No
- b) If yes, how often is the policy communicated to:
- 1) Employees: times(s) every months, or (specify)
 - 2) Volunteers: times(s) every months, or (specify)
- c) Are the following individuals required to sign an acknowledgement of receipt and understanding of the abusive act policy?
- 1) Employees? Yes No
 - 2) Volunteers? Yes No
- d) How often are the policies and procedures regarding abusive acts reviewed or revised by:
- 1) The Applicant: times(s) every months, or (specify)
 - 2) Legal Counsel: times(s) every months, or (specify)
13. a) Is documentation maintained on awareness training of staff and volunteers regarding the abusive act policy including how to recognize signs of child or sexual abuse and what to do if someone reports abuse? Yes No
- b) How frequently is training conducted?
- c) Provide details on the trainer(s) including qualifications and company affiliation:
14. a) Have procedures been developed and publicized to employees and volunteers for reporting and investigating alleged incidents of abusive acts? Yes No
- b) Has complaint management and investigation been assigned to any person(s)? Yes No
- c) If b is yes, has that person(s) been adequately trained in these responsibilities? Yes No
15. a) Are any activities involving direct contact with children subcontracted to others? Yes No
- 1) If yes, are the subcontractors government licensed? Yes No
 - 2) Are certificates of liability insurance required? Yes No
 - 3) Describe the services provided by subcontractors:

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16. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations? Yes No
17. In the last ten years:
- a) Has any business insurance been refused, cancelled or non-renewed? *(Not applicable in MO)* Yes No
 - b) Has the applicant or any employee had abusive act (or similar) insurance coverage declined, cancelled or non-renewed? *(Not applicable in MO)* Yes No
 - c) Has the applicant or any employee or volunteer had any claim or suit brought against them as a result of abusive acts? Yes No
 - d) Have any public authorities investigated the applicant relating to claims or allegations of abusive acts? Yes No

If the answer is yes to any part of question 17, provide complete details by attachment.

18. Does the applicant have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act? Yes No

If the answer is yes to question 18, provide complete details by attachment.

19. Current/prior insurance coverage:

Carrier		Claims-Made	Occurrence
Effective/expiration dates	to	Claims-Made Retro Date:	
Limits of liability:		Deductible:	

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this Application. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior application form to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct and complete to the best of his/her knowledge.

Authorized

Representative Signature:

Date:

Title:

Licensed Agent or Broker:

License Number:

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED