

Supplement for Sexual Abuse/Misconduct Coverage

1. Name of Applica	nt:				
			ct, including an incid and volunteers to fol		y and procedure,
Yes	No				
b) If no, do	o you agree to draw u	ıp & implement writ	ten guidelines within	30 days of binding	g coverage?
Yes	No				
	vees, independent cor ct, and then on a regu		ers provided initial tr	raining in these gui	idelines prior to
Yes	No				
b) If no, do	o you agree to implen	ment such a training	program within 30 da	ys of binding cove	erage?
Yes	No				
4. Are any employe private setting?	es, independent cont	ractors, and/or volur	teers ever alone with	minors behind clo	osed doors or in a
Yes	No	If yes, please a	ttach details.		
firm or any of its en		nt contractors, and/or	other allegation of a volunteers, or is the im?		
Yes	No	If yes, please a	ttach details.		
Supplement does not the basis of the consuch Policy, if issue	ot bind the undersign tract should a Policy	ed to complete the in be issued, and that the by are authorized to	ge the statements here nsurance, but it is agre nis Supplement will b make any investigati	eed that this Suppl be attached and bed	ement shall be come part of
Name of Applicant	:				
**	Please 1	Print	Title		
Signature:	Name		Date		
	(NOTE: Supplement	nt must be signed by	the owner or preside	nt or principal)	