



Supplement for Sexual Abuse/Misconduct Coverage

1. Name of Applicant: _____

2. a) Are there written guidelines regarding sexual misconduct, including an incident reporting policy and procedure, currently in place for all employees, independent contractors and volunteers to follow?

Yes _____ No _____

b) If no, do you agree to draw up & implement written guidelines within 30 days of binding coverage?

Yes _____ No _____

3. a) Are all employees, independent contractors and volunteers provided initial training in these guidelines prior to patient/client contact, and then on a regular basis thereafter?

Yes _____ No _____

b) If no, do you agree to implement such a training program within 30 days of binding coverage?

Yes _____ No _____

4. Are any employees, independent contractors, and/or volunteers ever alone with minors behind closed doors or in a private setting?

Yes _____ No _____ **If yes, please attach details.**

5. Has any physical or sexual abuse/misconduct claim or any other allegation of abuse ever been made against the firm or any of its employees, independent contractors, and/or volunteers, or is the applicant aware of any information or of any circumstance which may result in a claim?

Yes _____ No _____ **If yes, please attach details.**

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Supplement does not bind the undersigned to complete the insurance, but it is agreed that this Supplement shall be the basis of the contract should a Policy be issued, and that this Supplement will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Supplement, as they deem necessary.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)