



**Sexual Abuse/Misconduct Claim / Incident Warranty**

After inquiry, have any sexual abuse/misconduct claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees?

☐ Yes ☐ No

After inquiry does the Applicant or any principal, partner, director or officer or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claim being made against them.

☐ Yes ☐ No

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Signature of Authorized Representative

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Print Name of Authorized Representative

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Title of Authorized Representative (must be owner or principal)

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Named Insured & Policy/Quote Number

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_