



APPLICATION FOR SEXUAL MOLESTATION AND EMERGENCY RESPONSE LIABILITY COVERAGE

CLAIMS MADE COVERAGE

Instructions

1. Answer all questions. If a section does not apply, indicate "N/A" and provide an explanation on a separate sheet.
2. The application must be signed and dated by an authorized owner, partner, risk manager, or director of the Named Insured. The term "Applicant" refers to the person or entity applying for insurance, and includes any person or entity proposed for coverage.
3. Attach a list of Additional Named Insured(s), if any, to be covered under this policy, and describe their relationship to the Named Insured.

Please type or print in ink.

PART I. GENERAL INFORMATION

1. Applicant Name: _____
Street Address: _____
City, State, Zip: _____
Telephone Number: Office: _____ Fax: _____
Contact: _____
E-mail: _____ Web Address: _____
2. Date established (mm/dd/yyyy): _____ (IF LESS THAN 3 YEARS ATTACH RESUME)

PART II. POLICY LIMITS AND HISTORY

1. Requested Limits of Liability: (please circle)
\$100,000 \$300,000 \$500,000 \$1,000,000 Other _____
Deductible requested \$2,500 \$5,000 \$10,000 Other _____
2. List prior insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Effective Dates	Premium	Limit of liability	Deductible

PART III. UNDERWRITING INFORMATION

1. Total Revenues
- Current Year

\$
- 1st Year Prior

\$
- 2nd Year Prior

\$
2. Full Description of all services provided:
(Please include all services and programs offered, including any that involve interaction with minors or vulnerable populations.)
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3. Employee and Personnel Breakdown:

Role	Total (Annual)	Average (Daily)	% Male	% Female
Full-Time Employees				
Part-Time Employees				
Diocesan Priests (Active)				
Diocesan Priests (Retired/Sick)				
Religious Priests				
Teachers				
Substitute Teachers				
Coaches				
Counselors				
Independent Contractors				
Sub-Contractors				
Volunteers (Supervising Youth)				
Others (Please specify):				

4. Services and Locations Exposure:

Number of Locations	Types of Services % of Total	Exposure Units Please provide numbers on an annual basis		
		# of Youth	Age Range	# of Adults
	Assisted Living			
	Child Care Centres			
	Churches / Parishes			
	Community Service Organization			
	Counselling Services			
	Day Camps			
	Drop In / Recreation Centres			
	Foster Care Services			
	Hospitals			
	In-Home Social Services			
	Mentoring Programs			
	Nursing Homes			
	Overnight Camps			
	Residential Treatment Centers			
	Schools - Public			
	Schools - Private, Elementary			
	Schools - Private, Secondary			
	Schools - Religious			
	Schools – Sunday School			
	YMCA			
	Other (please provide description)			
	TOTAL			

PART IV: LOSS PREVENTION EFFORTS

1. For each loss prevention measure, indicate "Y" for Yes or "N" for No:

Loss Prevention Method	Employees	All other than in section 3
Standard Application process		
Code of Conduct (attach a copy)		
Interview – Face to face interview		
Interview – standardized questions		
Interview by more than one person		
Standard questions for references		
Criminal background checks		
Abuse registry checks		
Other (please attach description)		

PART V: CLAIMS HISTORY

1. Attach currently valued loss runs from prior carriers to this Application.
2. Have any of the applicant's employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub-contractors, volunteers or "others" listed in sections 3 above been transferred in or out of your school, parish/diocese branch or corporate location because they were involved, suspected or a complaint was made regarding an allegation of sexual molestation? ☐ Yes ☐ No
3. Have any of the applicant's employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub-contractors, volunteers or "others" listed in Section 3 been transferred in or out of your school, parish/diocese, branch or corporate location because they were involved, suspected, or a complaint was made regarding an allegation of sexual molestation. ☐ Yes ☐ No

PART VI: ADDITIONAL UNDERWRITING INFORMATION

For any "Yes" responses below, provide detailed information regarding the event, number of exposure units involved, frequency, and safety procedures in place to prevent future incidents:

1. Does the organization host/sponsor overnight events? ☐ Yes ☐ No
2. Are all those listed in Section 3 ever in 1-on1 situations with exposure units? ☐ Yes ☐ No

3. Will those listed in Section 3 ever host exposure units at their home or spend time at the home of an exposure unit? ☐ Yes ☐ No
4. Does the organization have a procedure to allow victims to report abuse? ☐ Yes ☐ No

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE INCLUDING ATTACHMENT 'A' AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

Applicant Signature

Title

Date