



Philadelphia Insurance Companies

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ABUSE & MOLESTATION SUPPLEMENTAL APPLICATION

NAME INSURED: _____

MAILING ADDRESS: _____

- | | <u>Yes</u> | <u>No</u> |
|---|--|--|
| 1. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. a) Does your state permit you to do criminal background investigations?
b) If yes, do you routinely request and receive such background investigations? | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 3. Do you verify employment related references? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you conduct a personal interview? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have written procedures for dealing with sexual abuse?
<u>If yes, please attach a copy.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. a) Has your organization ever had an incident which resulted in an allegation of sexual abuse? <u>If yes, please describe.</u>
b) Was a claim made against the organization?
c) Was the case settled?
d) Was the case taken to trial?
e) How much money was paid as damages to the victim? | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
\$ _____ | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 8. Regarding coverage for abuse & molestation, does your current insurance program:
_____ a) Exclude coverage
_____ b) Limit coverage (Please indicate limit of liability.)
_____ c) Neither exclude nor limit coverage |

\$ _____ | |
| 9. Please indicate age range of clients _____ | | |

REMARKS: _____

APPLICANT'S SIGNATURE _____ TITLE _____

DATE _____