



**CLAIMS-MADE SEXUAL/PHYSICAL ABUSE  
COVERAGE APPLICATION**

1. Applicant: \_\_\_\_\_ Effective Date: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Type of Operation: \_\_\_\_\_
4. No. of Students/Clients \_\_\_\_\_ 5. No. of Staff \_\_\_\_\_ 6. Age Group of Clients: \_\_\_\_\_  
(per location) (per location)
7. Limit of Liability: \$1,000,000 each sexual offense Aggregate: \_\_\_\_\_

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**Staff/Volunteers**

8. Does your organization have a formal hiring procedure? Yes  No
9. Does your screening process include a pre-employment background check? Yes  No
10. Does the pre-employment check include:
- a. Personal references Yes  No
  - b. Law Enforcement Agencies check Yes  No
  - c. Education verification Yes  No
- If no, describe steps: \_\_\_\_\_  
\_\_\_\_\_
11. Do you have an orientation program which all staff and regularly scheduled volunteers complete within their first week at the center? Yes  No
12. Has your facility developed and implemented an in-service training program? Yes  No
13. Is there more than one person responsible for the welfare of any single client? Yes  No   
Describe: \_\_\_\_\_
14. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes  No   
Describe: \_\_\_\_\_
15. Do volunteers work directly with clients? Yes  No   
If so, describe job functions and responsibilities: \_\_\_\_\_

16. Are children left alone without adult supervision? Yes  No   
 Explain: \_\_\_\_\_
17. Is counseling conducted off premises, i.e., clients' or counselors' homes? Yes  No   
 If yes, by whom and what type of clients? \_\_\_\_\_
18. Is counseling provided after normal business hours? Yes  No
19. If transportation provided, is there more than one adult present at all times? Yes  No
20. If RESIDENTIAL RISK, what steps are taken to ensure that client-to-client contact is avoided (separating male from female sleeping quarters, etc.)  
 Describe: \_\_\_\_\_
21. If RESIDENTIAL, are children of different age groups housed together?  
 Describe: \_\_\_\_\_
22. Have there ever been claims, criminal/civil actions or incident(s), actual or alleged, or investigation of child abuse or neglect, or physical/sexual abuse arising in connection with your premises or operations, employee, or volunteer? Yes  No   
***If yes, attach detailed explanation.***
23. Describe any operational procedures you use to monitor, control, or eliminate the potential for sexual or physical abuse: \_\_\_\_\_  
 \_\_\_\_\_
24. What is the procedure for handling allegations of abuse? \_\_\_\_\_  
 \_\_\_\_\_
25. What is the written documentation procedure for allegations of abuse? \_\_\_\_\_  
 \_\_\_\_\_
26. Does the facility have a written job description for each position, including volunteer positions? Yes  No  Do the individuals meet minimum mandated educational/experience level for such positions? If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE POOL TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE POOL.

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\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title