

**Supplemental Application for
 Abusive Acts Liability Coverage**

THE SHADED AREAS OF THIS APPLICATION APPLY ONLY TO CLAIMS MADE COVERAGE. PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Name of Applicant: _____

Mailing Address: _____

1. a. Effective date of coverage: _____

b. Requested Retroactive Date: _____ (Required only for Claims-Made Coverage)

2. Limits of Insurance:

Occurrence Coverage:

- | | |
|---|---|
| <input type="checkbox"/> \$250,000 Each Abusive Act/\$250,000 Aggregate | <input type="checkbox"/> \$500,000 Each Abusive Act/\$500,000 Aggregate |
| <input type="checkbox"/> \$1,000,000 Each Abusive Act/\$1,000,000 Agg. | <input type="checkbox"/> Other: \$ _____ |

Claims-Made Coverage:

- | | |
|---|---|
| <input type="checkbox"/> \$250,000 Each Claim/\$250,000 Aggregate | <input type="checkbox"/> \$500,000 Each Claim/\$500,000 Aggregate |
| <input type="checkbox"/> \$1,000,000 Each Claim/\$1,000,000 Aggregate | <input type="checkbox"/> Other: \$ _____ |

3. Deductible: \$10,000 \$50,000 \$100,000 Other: \$ _____

4. Type of program(s) conducted:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Childrens' day care | <input type="checkbox"/> Middle school | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pre-school/kindergarten | <input type="checkbox"/> High school | |
| <input type="checkbox"/> Elementary school | <input type="checkbox"/> Adult care | |

5. Provide the following information, by program:

Program	Average Number of Daily Attendees	Number of teachers (not volunteers)	Number of volunteers
Childrens' day care			
Pre-school/kindergarten			
Elementary school			
Middle school			
High school			
Adult care			
Other			

6. If the applicant is a membership organization, such as a church, provide the total number of:

- a. Members _____ Average daily attendees _____
- b. Total full-time and part-time (i.e., 20 or fewer hours) employees and clergy:
 Employees: Full-time _____ Part-time _____ Clergy: Full-time _____ Part-time _____

7. a. Is the facility open to visits by parents and guardians?..... Yes No
- b. Is the facility licensed?..... Yes No
 If "yes", provide a copy of the license.
- c. Are the participants separated by age group?..... Yes No

8. a. Number of new employees hired in the past 12 months _____
- b. Number of new volunteers in the past 12 months _____

9. a. Is there a written policy with procedures for screening and performing background checks of all prospective employees?..... Yes No
- b. Is there a written policy with procedures for screening prospective employees *and volunteers* that includes a personal interview by a staff member?..... Yes No
- c. Are signed and dated applications required of:
- (1) all prospective employees?..... Yes No
- (2) all prospective volunteers?..... Yes No
- d. If the answer to a., b. or any part of c. is "yes", where is the documentation stored and for how long?

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<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries**

10. Do the employment and volunteer applications:
- a. include a question(s) concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse? Yes No
 - b. require that one reference be related to the applicant and the other references not be related to the applicant? Yes No
11. Are application references checked and documentation maintained? Yes No
12. a. Is there a written policy addressing abusive acts? Yes No
- b. If "yes", how often is the policy communicated to:
- (1) employees? _____ time(s) every _____ months, or Other _____
 - (2) volunteers? _____ time(s) every _____ months, or Other _____
 - (3) students? _____ time(s) every _____ months, or Other _____
 - (4) parents? _____ time(s) every _____ months, or Other _____
- c. Are the following individuals required to sign an acknowledgement of receipt and understanding of the abusive act policy?
- (1) employees Yes No
 - (2) volunteers Yes No
- d. How often are the policies and procedures regarding abusive acts reviewed or revised by:
- (1) the applicant? _____ time(s) every _____ months/year(s), or Other _____
 - (2) legal counsel? _____ time(s) every _____ months/year(s), or Other _____
13. a. Is documentation maintained on awareness training of staff and volunteers regarding the abusive act policy including how to recognize signs of child or sexual abuse and what to do if someone reports abuse?..... Yes No
- b. How frequently is training conducted? _____
- c. Provide details on the trainer(s) including qualifications and company affiliation.
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14. a. Have procedures been developed and publicized to employees and volunteers for reporting and investigating alleged incidents of abusive acts?..... Yes No
- b. Has complaint management and investigation been assigned to any person(s)?..... Yes No
- c. If b. is "yes", has that person(s) been adequately trained in these responsibilities?..... Yes No
15. a. Are any activities involving direct contact with children subcontracted to others?..... Yes No
- b. If "yes":
- (1) Are the subcontractors government licensed?..... Yes No
 - (2) Are certificates of liability insurance required?..... Yes No
 - (3) Describe the services provided by subcontractors: _____
-
16. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations?..... Yes No
17. In the last 10 years:
- a. has any business insurance been refused, cancelled or nonrenewed? (Not applicable in MO) Yes No
 - b. has the applicant or any employee had abusive act (or similar) insurance coverage declined, cancelled or nonrenewed? (Not applicable in Missouri.) Yes No
 - c. has the applicant or any employee or volunteer had any claim or suit brought against them as a result of abusive acts?..... Yes No
 - d. have any public authorities investigated the applicant relating to claims or allegations of abusive acts?..... Yes No
- If the answer is "yes" to any part of question 17, provide complete details by attachment.
18. Does the applicant have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act?..... Yes No
- If the answer is "yes" to question 18, provide complete details by attachment.
19. Current/prior insurance coverage:
- Carrier: _____ Claims-Made: Occurrence:
- Effective/expiration dates: _____ to _____ Claims-Made Retro Date: _____
- Limits of liability: _____ Deductible: _____

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this Application. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior application form to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct and complete to the best of his/her knowledge.

FRAUD NOTICES: Prior to signing this application/proposal form, review the following statutory fraud notices as they may apply to the applicant's place of domicile.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may also be denied.)

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

HAWAII: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

By: _____	Date: _____
Authorized Representative	
Title: _____	
Licensed Agent or Broker: _____	License Number: _____

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.