

SECTION 1: APPLICANT INFORMATION

Insured:_____ Effective Date:_____

DBA:_____

SECTION 2: EMPLOYMENT & STANDARDS

1. Does your organization have written abuse policies? ☐ Yes ☐ No

If yes, do the policies:

- a. Communicate a Zero-tolerance approach to inappropriate behaviors? ☐ Yes ☐ No

- b. Define appropriate and inappropriate behaviors? ☐ Yes ☐ No

- c. Communicate the organization will investigate and cooperate with law enforcement? ☐ Yes ☐ No

2. Do you require that employees sign that they have read the organization's written abuse policies and retain the record? ☐ Yes ☐ No

3. Does your organization enforce the 3-person rule? *This means requiring at least 2 adult employees or volunteers to be with clients at all times and prohibiting any employees and volunteers from being alone with vulnerable clients, including during transportation.* ☐ Yes ☐ No

If no, explain and include details on controls in place:

4. How does your organization monitor client areas?

- ☐ Live Stream Cameras ☐ Staff Tours/Detours ☐ Doors With Windows ☐ Not Applicable
☐ Close Circuit Monitors ☐ Office Windows ☐ Surveillance Cameras ☐ Other:_____

5. Indicate all employee and/or volunteer screening controls utilized by your organization:

	Employees	Volunteers
	☐ No Employees	☐ No Volunteers
a. Signed applications and photo identification required	☐ Yes ☐ No	☐ Yes ☐ No
b. Personal interviews conducted	☐ Yes ☐ No	☐ Yes ☐ No
c. Personal references verified	☐ Yes ☐ No	☐ Yes ☐ No
d. Minimum 5 years of employment history verified	☐ Yes ☐ No	☐ Yes ☐ No
Explain any NO response: _____		

6. Indicate all employee and/or volunteer background checks utilized prior to hiring:

☐ No Background checks utilized	Employees	Volunteers
	☐ No Employees	☐ No Volunteers
a. Name check – state level	☐ Yes ☐ No	☐ Yes ☐ No
b. Name check – national level (e.g. using online vendor services)	☐ Yes ☐ No	☐ Yes ☐ No
c. 10-digit fingerprint check - State level	☐ Yes ☐ No	☐ Yes ☐ No
d. 10-digit FBI fingerprint check	☐ Yes ☐ No	☐ Yes ☐ No
Description of other screening methods: _____		
Explain any NO response: _____		

7. Does your organization routinely conduct sex offender screening on all employees, volunteers, and contractors? ☐ Yes ☐ No
8. How frequently does your organization screen employees (and volunteers) through a validated criminal data base (including both background and sex-offender)?
Check all that apply
- ☐ Prior to hire ☐ Biannually
- ☐ Annually ☐ Other: _____
- ☐ Not Applicable
9. Does your organization retain employee and volunteer records, including records of background checks? ☐ Yes ☐ No
- a. If yes, do you retain records permanently? ☐ Yes ☐ No
10. Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made your organization or anyone working on behalf of your organization? ☐ Yes ☐ No
- a. If yes, explain: _____
11. Do you retain reports of situations, occurrences, and allegations of abuse and the actions taken? ☐ Yes ☐ No
- a. If yes, do you retain records permanently? ☐ Yes ☐ No

12. Indicate abuse or molestation prevention training provided:

	No Training Provided	Orientation Training Upon Hire / Affiliation	Annual Awareness Training Provided	Is training documented and retained?
Employees	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Volunteers	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

13. Is your organization considered a “Mandated Reporter” by regulatory authorities? ☐ Yes ☐ No
14. Are you contractually obligated to carry abuse and molestation coverage? ☐ Yes ☐ No
- a. If yes, what limits are required by contract? _____
- b. Please attach complete copy of contract.

DECLARATIONS

I declare the statements and particulars in this application are true and that no material facts have been misstated or suppressed after inquiry. I agree that this application with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

In addition, I certify that I have read and understand the applicable fraud warnings set forth below:

Signature: _____ Date: _____

Position: _____