

ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

**I. GENERAL INFORMATION**

NAMED INSURED: \_\_\_\_\_ DBA: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. Type of facility: \_\_\_\_\_

2. Please check each that describes you current and/or planned operations:
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Day Camp                                 | <input type="checkbox"/> Amateur Sports League | <input type="checkbox"/> Health/Fitness Club |
| <input type="checkbox"/> Overnight Camp                           | <input type="checkbox"/> Field Trips           | <input type="checkbox"/> Community Center    |
| <input type="checkbox"/> Lock-Ins                                 | <input type="checkbox"/> Amateur Sports Team   | <input type="checkbox"/> Ice/In-Line Skating |
| <input type="checkbox"/> Transportation of Participating Children | <input type="checkbox"/> One-On-One Training   |  |
| <input type="checkbox"/> Other _____                              |  |  |

3. Identify current hiring practices for paid and volunteer staff:
- Are employment applications required for positions?  Yes  No
- Is prior employment verified for each applicant and recorded in applicant's file?  Yes  No
- Are references obtained?  Yes  No Are references checked?  Yes  No
- Are criminal records checked?  Yes  No
- Does your employment application include questions regarding prior criminal convictions?  Yes  No
- Do you advise every applicant that criminal background checks will be performed?  Yes  No

4. Identify staff status (check all that apply):  Employees  Volunteers  Parent-volunteers
- Are all staff members age 21 years or older?  Yes  No

5. Do you discuss the importance of providing a safe environment for the children in your care?  Yes  No

6. Does your orientation include how to recognize the signs of an abused child?  Yes  No

7. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation?  Yes  No

8. Are copies of the procedures provided to each member of your staff?  Yes  No

9. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow?  Yes  No

10. Do you periodically review your written procedures to verify that they are up to date?  Yes  No

(Attach copies of your written procedures provided to your staff regarding recognizing and preventing sexual abuse or molestation.)

11. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility?  Yes  No

12. Has a claim ever been made against your facility?  Yes  No

If yes, please explain in detail, including the amount of damages paid to the victim: \_\_\_\_\_

\_\_\_\_\_

13. What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_

\_\_\_\_\_

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_