

Abuse & Molestation Supplemental Questionnaire

Named Insured		DBA	
Facility Address			
City		State	ZIP Code

1. Type of Facility

2. Please check each that describes your 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are criminal records checked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is prior employment verified for each applicant and recorded in applicant's file? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your employment application include questions regarding prior criminal convictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are references obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you advise every applicant that criminal background checks will be performed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are references checked? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

4. Identify staff status (*check all that apply*):

- Are all staff members age 21 years or older? ☐ Employees ☐ Volunteers ☐ Parent-volunteers

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