

# 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*):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Employees           | <input type="checkbox"/> Volunteers                      | <input type="checkbox"/> Parent-volunteers |
| Are all staff members age 21 years or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

- |   |  |
|---|--|
| 5. Do you discuss the importance of providing a safe environment for the children in your care?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does your orientation include how to recognize the signs of an abused child?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are copies of the procedures provided to each member of your staff?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do you periodically review your written procedures to verify that they are up to date?<br>(Attach copies of your written procedures provided to your staff regarding recognizing and preventing sexual abuse or molestation.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Has a claim ever been made against your facility?<br>If yes, please explain in detail, including the amount of damages paid to the victim:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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