

SPECIAL MARKETS INSURANCE CONSULTANTS, INC.

2615 Post Road, Stevens Point, WI 54481

ABUSE & MOLESTATION SUPPLEMENTAL APPLICATION

Name Insured : _____

Mailing Address : _____

	Yes	No
1. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses?	_____	_____
2. a) Does your state permit you to do criminal background investigations?	_____	_____
b) If yes, do you routinely request and receive such background investigations?	_____	_____
3. Do you verify employment related references?	_____	_____
4. Do you conduct a personal interview?	_____	_____
5. Do you have written procedures for dealing with sexual abuse? <i>If yes, attach a copy.</i>	_____	_____
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?	_____	_____
7. a) Has your organization ever had an incident which resulted in an allegation of sexual abuse? <i>If yes, please describe.</i>	_____	_____
b) Was a claim made against the organization?	_____	_____
c) Was the case settled?	_____	_____
d) Was the case taken to trial?	_____	_____
e) How much money was paid in damages to the victim?	\$ _____	_____
8. Regarding coverage for abuse & molestation, does your current insurance program:		
a) exclude coverage?	_____	_____
b) limit coverage (please indicate limit of liability. \$ _____)	_____	_____
c) neither exclude nor limit coverage	_____	_____
9. Please indicate age range of clients _____		

authorized signature

date