



SUPPLEMENTAL APPLICATION FOR SEXUAL MOLESTATION COVERAGE

1. Name of applicant _____
Individual Corporation Partnership Other (Explain) _____

2. Please indicate the liability limits you are requesting.
\$25,000/50,000 \$50,000/100,000 \$100,000/300,000 \$300,000/300,000

3. Please describe your hiring practices. _____

4. Describe all background checks performed (prior employer, police, references, etc.) _____

5. Do you have written guidelines regarding sexual misconduct? Yes No

6. What steps have you taken to prevent or avoid a sexual misconduct incident?
(e.g., same gender caregiver/client) _____

7. Have you or any employee, volunteer or other person working for you
ever been arrested or convicted of a crime? If yes, give details. Yes No

8. Has your facility had any incidents or claims brought against it for sexual
molestation or any other allegation of misconduct? If yes, give details. Yes No

9. Has any facility that you have been associated with in the past ever had any
incidents occur or claims brought against it while you were there? If yes, give details. Yes No

Applicant's Name (Please Print): _____

Title: _____

Applicant's Signature: _____

Date: _____