



ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Type of facility: _____

2. Please check each that describes your current and/or planned operations.

- Day Camp
- Overnight Camp
- After School Program (on school property)
- Transportation of Participating Children
- Other _____
- Amateur Sports League
- Field Trips
- Amateur Sports Team
- One-On-One Training
- Health/Fitness Club
- Community Center
- Ice/In-line Skating

3. Identify the types of facilities used for your operations:

- College/University Sites
- Rented Camp
- Owned Camp
- Local School
- Leased Facility
- Community Center
- Owned Facility
- Church
- Club
- Other _____

4. Identify current hiring practices for paid and volunteer staff:

- a. Are employment applications required for positions? Yes No
- b. Is prior employment verified for each applicant and recorded in applicant's file? Yes No
- c. Are references checked? Yes No
- d. Do you disclose that criminal background checks will be processed? Yes No
- e. Does your employment application include questions about whether the individual has ever been convicted of a crime, including child sex or child abuse related offenses? Yes No
- f. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- g. Does staff screening include criminal background checks on all new (including seasonal) staff members, prior to hire? Yes No
- h. Does staff screening include criminal background checks on all hired staff members every 5 years? Yes No
- i. Provide the name of the data/service provider you use to pull criminal background information: _____
- j. When hiring new staff do you require at least two references and a personal interview before hiring the candidate? Yes No
- k. Do you require the completion of a Voluntary Disclosure statement (as permitted by state law)? Yes No
If yes, please provide a copy of your disclosure statement.
- l. Does the screening process include an annual check of all staff members on the National Sex Offender Public website? Yes No

All questions pertain to full or part-time staff and volunteers. If you have a different policy for Volunteers, please advise and outline the differences.

5. What qualifications do you require of your staff: College degree? Yes No Other _____

Certification in one or more of the following:

- CPR Yes No
- Teaching Yes No
- Coaching Yes No
- Counseling Yes No
- Childcare Yes No
- Other Certifications _____

6. Identify staff status (check all that apply): Employees Volunteers Parent-volunteers

Are all staff members age 21 years or older? Yes No

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

8. Do you discuss at orientation child sexual abuse/molestation and how to recognize the signs and what to do if a guest or member reports someone molested him/her? Including the reporting steps of a suspected child sexual abuse/molestation situation, after learning of such an allegation? Yes No
9. 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
10. Are copies of the procedures provided to each member of your staff? Yes No
11. 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
12. 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.)
13. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with youth/minors? Yes No
14. Have you ever had an incident or claim reported which resulted in an allegation of sexual abuse? Yes No
- a. Was a claim made against your organization? Yes No
 If yes, please provide details of the claim/incident: _____
- b. How much money was paid as damages to the victim? _____
- c. 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.

 Applicant's Signature

 Date (MM/DD/YY)

 Producer's Signature (if applicable)

 Date (MM/DD/YY)

 Applicant's Name (print)

 Producer's Name (print)