

TOTTEN GROUP

I N S U R A N C E

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New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

SEXUAL MISCONDUCT AND MOLESTATION LIABILITY INSURANCE APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking clergy or executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING

Applicant is: Individual Partnership Corporation Joint Venture Other (Specify) _____

1. Name of Applicant _____

2. Mailing Address _____

3. Phone _____ Email _____

4. Contact Person _____ Number of years in operation _____

5. Describe Service _____

6. Employees, Clergy, Teachers, Substitute Teachers, Coaches, Counsellors, Independent Contractors, Sub Contractors, Volunteers and Other:

	Total number (annual)	Average number (daily)	% Male	% Female
a. Full time employees				
b. Part time employees				
Please do not include c. through k. in a. or b. above				
c. Clergy				
d. Teachers				
e. Substitute teachers				
f. Coaches				
g. Counsellors				
h. Independent Contractors				
i. Sub Contractors				
j. Volunteers				
k. Other – please detail on a separate sheet				
TOTALS				



Are all sub contractors dedicated agents or solely your representatives?
(If **No** please provide additional information on a separate sheet of paper.)

Yes No

Are all Independent contractors dedicated agents or solely your representatives?
(If **No** please provide additional information on a separate sheet of paper.)

Yes No

7. Annual Turnover Rate _____

8. Annual Operating Budget _____

9. Coverage Desired _____ Limit of Liability _____ Desired Retention _____

10. Prior Sexual Misconduct Liability Coverage for the last five years, please list most recent first.

Period	Claims Made or Occurrence	Insurer	Premium	Limit	Sir
From _____ To _____					
From _____ To _____					
From _____ To _____					
From _____ To _____					
From _____ To _____					

11. Has any applicant ever canceled or non-renewed this type of coverage:

Yes No

(If **Yes**, please identify the provider and explain on a separate sheet of paper.)

12. **Services / Locations:** (If the services operate in multiple cities or states please attach a list that shows where all services operate.)

Exposure Units (<input type="checkbox"/> Annual <input type="checkbox"/> Other # of Months)				
Number of Locations	Types of Services % of Total	Number of Youth	Age Range	Number of Adults
	Schools - Religious			
	Schools - Public			
	Schools - Private, Elementary			
	Schools - Private, Secondary			
	YMCA			
	Community Service Organization			
	Overnight Camps			
	Day Camps			
	Child Care Centers			
	Churches / Parishes			
	Sunday Schools			
	Mentoring Programs			
	Counseling Services			
	Residential Treatment Centers			
	Group Homes			
	Foster Care Services			
	In-Home Social Services			
	Drop in / Recreation Centers			
	Hospitals			
	Nursing Homes			
	Home Health Care			
	Assisted Living			
	Other (describe)			
	TOTALS			



13. **Loss History.** Please furnish the past ten years' first dollar loss history for all sexual misconduct claims.

Period	# of Claims Reserved	# of Claims Paid	Total Paid Loss	Total Paid Expenses	Total Reserved Losses	Total Reserved Expenses
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						
From _____ To _____						

14. On a separate sheet of paper, please provide the following information for any sexual misconduct claim.

1. Date of Initial misconduct
2. Date claim was brought
3. Description of loss indicating if sexual contact did/did not occur
4. Any amounts paid as damages
5. Amounts reserved
6. Legal/claim handling expense
7. Valuation date

15. Is the applicant aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you? Yes No

(If **Yes**, please provide details on a separate sheet of paper.)

16. Has the applicant, any employee, clergy, teacher, substitute teacher, coach, counsellor, independent contractor, sub contractor, volunteer or 'other' listed in question 6 above currently seeking coverage been involved in an allegation or claim relating to sexual abuse? Yes No

(If **Yes**, please provide details on a separate sheet of paper.)

17. **Loss Prevention Efforts** Check which of the following methods are used in the screening and hiring process for employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 6 above. Please attach a copy of all items below.

Loss Prevention Methods Type in "Y" for Yes and "N" for No	Employees	All other in Q 6
a. Standard Application		
b. Code of Conduct (attach a copy)		
c. Interview		
Face to face interview		
Standard list of interview questions		
Use behavioural interviewing techniques		
Interview by more than one person		
d. Standard questions for references		
e. Criminal background check		
f. Abuse registry check		
g. Checklist of indicators that may indicate increased risk to abuse		
h. Other (please describe):		



18. Does the organization have a written policy prohibiting all those listed in question 6 above from working alone with a single client? Yes No

If **No**, please explain when these situations occur and how the interactions are monitored (Please use a separate sheet of paper if necessary) _____

19. Are those listed in question 6, other than employees, directly supervised by an employee when interacting with children or vulnerable adults? Yes No

If **No**, please explain when these situations occur and how the interactions are monitored (Please use a separate sheet of paper if necessary) _____

20. Do any of those listed in question 6 above ever have children at their home? Yes No

If **Yes**, please explain when these situations occur and how such situation is monitored (Please use a separate sheet of paper if necessary) _____

21. Do any of those listed in question 6 above ever spend time at the home of children? Yes No

If **Yes**, please explain when these situations occur and how such situation is monitored (Please use a separate sheet of paper if necessary) _____

22. Does the Organization ever sponsor 'events'? Yes No

If **Yes**, please provide details of events that are sponsored including the normal ratio of children to 'safe' adult on such sponsored events (Please use a separate sheet of paper if necessary) _____

23. Does the Organization ever sponsor overnight 'events'? Yes No

If **Yes**, please provide details of overnight events that are sponsored including the normal ratio of children to 'safe' adult on such sponsored events (Please use a separate sheet of paper if necessary) _____

24. Are all those listed in question 6 above required to complete organizational abuse prevention before they are permitted to work/volunteer? (If **Yes**, please attach curriculum and any further details) Yes No

25. Are all those listed in question 6 above required to complete annual organizational abuse prevention training? (If **Yes**, please attach curriculum and any further details) Yes No

26. Does central administration establish, monitor, and enforce policies and procedures across all locations? Yes No

If **No**, please explain _____

27. Are items below included in the operations handbook for all those listed in question 6?

A zero tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the applicant's care. (please attach copy.) Yes No

A written policy that defines appropriate and inappropriate displays of affections. (please attach copy.) Yes No

A written procedure for governing the interactions between those listed in question 6. and children or other vulnerable persons in your care outside of regular program activities. (please attach copy.) Yes No

A written procedure for managing the risk when those listed in question 6. is alone with a lone child or other vulnerable person. (please attach copy.) Yes No

28. Does senior management review and approve in writing new care programs? Yes No



29. Have any of the applicant's employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 6 above been transferred in or out of your school, parish/diocese, branch or corporate location because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct?
(If **Yes**, please provide details on a separate sheet of paper.) Yes No
30. In the past 10 years, have any employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 6 above or officers been terminated for cause related to sexually abusive behavior?
(If **Yes**, please provide details on a separate sheet of paper.) Yes No
31. Has the applicant merged with any other entity in the past 10 years
(If **Yes**, please provide details on a separate sheet of paper.) Yes No
32. Is the applicant contemplating a merger in the next 18 months? Yes No
If **Yes**, please provide full details _____
33. Has there been a major increase/decrease in the operating budget in the last 5 years? Yes No
If **Yes**, please provide full details _____
34. Does the applicant plan to add any additional care programs in the next year? Yes No
If **Yes**, please provide full details _____
- Claims Handling
35. Does the organization have a procedure to allow victims to report abuse? Yes No
If **Yes**, please provide full details _____
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36. Does the applicant have a written procedure for responding to allegations of abuse? (If **Yes**, please attach copy) Yes No
37. Does the applicant have a written procedure for responding to reports of suspicious or inappropriate behaviors? (If **Yes**, please attach copy) Yes No
38. Does the applicant have a designated investigator with specialized training who is in charge of handling all internal sexual misconduct investigations? Yes No
39. Does the applicant use a standardized incident reporting form across all locations and programs? (If **Yes**, please attach copy) Yes No

**APPLICANT'S SIGNATURE
PLEASE REVIEW CAREFULLY**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date

Applicant's Authorized Signature of a Principal, Partner or Officer

Date

Applicant's Authorized Signature of the Individual in Charge of the
Human Resources or Personnel Department

Date

Applicant's Authorized Signature of the Risk Management Officer or
Loss Control Officer