



**NONPROFIT SOCIAL SERVICES
SUPPLEMENTAL APPLICATION
ABUSE AND MOLESTATION COVERAGE**

Applicant: _____

Mailing Address: _____

1. What is the age group of clients? _____

2. What is the ratio of staff to clients? _____

3. Is there more than one person responsible for the welfare of any single client? YES NO

If yes, please describe: _____

4. Are there rules or guidelines prohibiting closed door one-on-one meetings? YES NO

If no, please describe why unnecessary: _____

5. Are there written complaint procedures and are they displayed prominently? YES NO

If yes, please describe why unnecessary: _____

6. Do you have written formal hiring procedures? (If yes, please submit written procedures) YES NO

a. How are employees screened? _____

b. Are at least three references secured on all prospective employees? YES NO

c. Are prospective employees checked with the Child Abuse Register and with law enforcement agencies for criminal records?

YES NO

If no, please describe steps taken to ensure that these individuals are suited for job responsibilities: _____

d. Has any current employee refused to be fingerprinted and checked with law enforcement agencies? YES NO

7. Do all employees meet the minimum mandated educational or professional experience level for the position assigned? YES NO

If no, please explain: _____

8. Do volunteers work directly with clients? YES NO

If yes, please describe the degree of their job function and responsibilities: _____

9. Have any employees been the subject of a child abuse/neglect investigation? YES NO

If so, what were the results of the investigation? _____

10. Have there ever been any alleged or actual incidents regarding any abuse or molestation? YES NO

Please describe: _____

11. For residential risks, what steps are taken to ensure that client-to-client contact is avoided, i.e., separating male from female sleeping quarters, describe:

12. Are children of different age groups housed together? YES NO

If no, please describe: _____

13. Are children left alone without any adult supervision? YES NO

If no, please describe: _____

14. List situations where an employee or volunteer has direct contact with clients in an unsupervised situation without oversight of an-

other staff member: (you may list on a separate sheet should you require additional space for this answer) _____

15. Is any counseling conducted off premises, i.e. clients' or counselors' homes? If yes, by whom and what type of clients?

16. Is any counseling provided after normal business hours? YES NO

If yes, describe: _____

17. If transportation is provided, is there more than one adult present at all times? YES NO

18. What is your procedure on how allegations of abuse are handled? _____

19. What is your written documentation procedure on how allegations of abuse are handled? _____

20. Are accused employees removed from client care responsibilities pending outcome of investigation? YES NO
If no, describe: _____

21. What procedures have been instituted to prevent reoccurrences of previous events? _____

APPLICANT'S SIGNATURE AND TITLE DATE

BROKER'S NAME AND ADDRESS DATE

BROKER'S SIGNATURE DATE

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: or statement of claim) containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, (NY: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.

I understand that in order to underwrite professional liability insurance, the Company must have access to information concerning my personal and professional life. I hereby authorize and direct any medical society, medical professional, hospital, residency program, insurance company, underwriter, insurance agent or other entity to furnish any information concerning me or my medical practice which the Company may request. I understand that any policy issued will rely on the truth of the statements and representations I have made herein and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance.