

SMM New Business Application

Sexual Misconduct & Molestation Liability Application Form

Instructions

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.

Gener	al Information						
1	Name of Applicant	::					
2	Mailing Address: _						
	City: Phone:			State:	Zip Co	ode:	
	Phone:	Fa>	(:	Website	e:		
3	Person to Contact:	:		Phone numbe	r:		
	E-mail:						
4	Years in Operation	ı:					
5	Description of Ser	vice:					
6	Industry: ☐ Education Please complete I	-	-			Religious	□Other
7	Please complete f	inancial data belo	w:				
Cu	irrent assets: \$	T	otal assets: \$		Net incom	e/loss:\$	
Cu	ırrent liabilities: \$	(Cash flow: \$		Annual Re	venues: \$	
8	Has the applicant or planning to do s change in the oper	so in the future or	has there been	any significant		□ Yes	□ No
	If Yes , please prov	ide full details					
	(Please use a sepa	arate sheet of pap	er if necessary)			
9	Reason coverage	s requested:					
Past c	overage						
10	Prior Sexual Misco	onduct Liability Co	verage for the l	ast five years, ple	ase list most ı	recent first.	
	Period	Claims Made or Occurrence		urer	Premium	Limit	SIR
From	/ to/						

From _	/ to/					
From _	/ to/					
11	Retroactive date:_		_			
12		ever canceled or non-rene entify the provider and expla			□ Yes ∵.)	□ No
Staff de	etails					
13	Please complete	employee grid below:				
			Number employed	Number contracted	Number volunteer	% Male
	nployees with clier					
All er	nployees without c					
		Totals				
14 15	Historical headco	Rate: unt for the past 5 years (all 20: 20: _	-	•	_:	
16 To	p 5 states where e	employees are located (list s	state and number	er of employees):	
Client	details					
17 To	tal number of indiv	vidual clients/patients/stud	lents/members	served annually	:	
18 Pe	ercentage of the ab	oove that are disabled/hand	licapped/at risk	:		
19 Pl	ease breakdown cl	ients served annually (%):				
0-10	:	11-18:	19-65:		65+:	
Loss Pr	revention Efforts					
19 Ch	eck which of the fo	llowing methods are used i	n the screening	and hiring proce	ess for all listed	in question 9 a

Loss Prevention Methods Type in "Y" for Yes and "N" for	Number	Number	Number
No	employed	contracted	volunteer
a. Standard Application			
b. Code of Conduct			
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. Organizational abuse prevention prior to			

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		nteering						
		ise train	ing ors that may indica	to incressed	rick			
to abus		mulcatt	ors that may mulca	ne increaseu i	ISK			
		se descr	ibe):					
			,					
20	Are o	ne-on-on	e encounters perr	nitted with clie	ents?			☐ Yes ☐ No
	If Yes	, please	explain when thes	e situations o	ccur and ho	w the interac	tions are monito	ored
	(Plea	se use a	separate sheet o	f paper if nece	essary)			
21		-	se listed in questic spend time at the			dren at their		☐ Yes ☐ No
	If Yes	, please	explain when thes	e situations o	ccur and ho	w such situa [.]	tion is monitored	
	(Pleas	se use a	separate sheet of	paper if neces	ssary)			
22	Does	the Orga	ınization ever spor	nsor 'events' (including ov	ernight even	ts)?	☐ Yes ☐ No
		-	provide details of such sponsored			_		
	(Pleas	se use a	separate sheet of	paper if nece	ssary)			
23	Does	central a	administration esta	ablish, monito	r, and enfor	ce policies a	nd	☐ Yes ☐ No
	If No,	please 6	explain					
24	Are it	ems belo	ow included in the	written policie	es for all thos	se listed in q	uestion 13 above	e?
	Yes	No						
			A zero tolerance vulnerable perso				ed on children or	other
			A written policy t affections.				riate displays of	
			A written proced listed in question	n 6 above and	children or			our
			care outside of road written proced in question 6 ab person.	ure for manag	ging the risk			
Loss H	istory							
25 P	lease	furnish t	he past ten years'	first dollar los	s history for	all sexual m	isconduct claims □None	s. □See attached
Р	eriod		# Claims Paid	# of Claims Loss	Total Paid Expenses	Total Paid Losses	Total Reserved Expenses	Total Reserved Reserved
From _	_/_	_ to/						
From _	_/	_ to/						
From _	_/_	_ to/						

From ___/__ to ___/__

From _	/ to/_		
From _	/ to/_		
From _	/ to/_		
From _	/ to/_		
From _	/ to/_		
	Please com	plete the claims supplement for any sexual misconduct claim.	
26	may result in c	at aware of any facts, incidents, circumstances, or allegations that claims being made against you? provide details on a separate sheet of paper)	□ Yes □ No
27	coverage been transferred in o because they vallegation of se	ant or any person listed in question 13 above currently seeking involved in an allegation or claim relating to sexual abuse or been or out of your school, parish/diocese, branch or corporate location were involved, suspected, or a complaint was made regarding an exual misconduct? provide details on a separate sheet of paper)	□ Yes □ No
28	terminated for	years, have any person listed in question 13 above or officers been cause related to sexually abusive behavior? provide details on a separate sheet of paper)	□ Yes □ No
Claims	Handling		
29	How do you ha	andle allegations of sexual abuse or molestation?	
		ANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMEN DINCLUDE ALL MATERIAL INFORMATION.	TS SET FORTH
THE DA SUCH (ACCEP ATTACH	ATE OF THIS APF CHANGE. SIGNII T INSURANCE, E HED AND MADE	HER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATIOPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMENG OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSPART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY COME A PART OF THE EXCESS POLICY.	EDIATELY NOTIFY US OF HE APPLICANT TO SURANCE AND WILL BE
	ate	applicant's authorized signature of a principal, partner or officer	title
u	uto	applicants dutilonzed signature of a principal, partition of officer	uuc
d	ate	applicant's authorized signature of the individual in charge of the human resources or personnel department	title

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Transportation Supplement

Instructions

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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 executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

O,	ANCIOLET NEAD STATEMENT AT THE	LIND OF THE AF	I LIOATION DEI	TORE SIGNING.		
G	eneral Information					
1	Name of Applicant:					
Αl	pplicant details					
2	Please complete employee grid	below:				
			Number employed	Number contracted	Number volunteer	% Male
	Number of corporate staff		employed	contracted	volunteer	
	Number of drivers					
		Totals				
0	rganization details Number of vehicles					
J						
4	Age range of passengers					
5	, ,	rid below:				
	Services		Yes		No	
	Cabs					
	School buses					
	Charter buses					
	Small group transfer					
	Ambulatory					
	Paratransit					
	Non-emergency medical					
	Other (please describe)					
Lo	oss Prevention Efforts					
5	Please check yes or no in the g	rid below:				
	Method		Yes		No	
	Matron on board					
	Cameras					
	GPS tracking					
6	Detail any other methods of ris	k management				
7	What procedures are in place for	or first client in	and last client	out?		

What is the protocol for drivers in the event of an incident?_____

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

date	applicant's authorized signature of a principal, partner or officer	title

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.