



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.

General Information

1 Name of Applicant: _____

2 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Website: _____

3 Person to Contact: _____ Phone number: _____
 E-mail: _____

4 Years in Operation: _____

5 Description of Service: _____

6 Industry:
 Education Transportation Non-profit Healthcare Religious Other
 Please complete Industry supplement if any industry except "Other."

7 Please complete financial data below:

Current assets: \$	Total assets: \$	Net income/loss: \$
Current liabilities: \$	Cash flow: \$	Annual Revenues: \$

8 Has the applicant merged with any other entity in the past 10 years or planning to do so in the future or has there been any significant change in the operations or scale of the organization? Yes No

If **Yes**, please provide full details _____

 (Please use a separate sheet of paper if necessary)

9 Reason coverage is requested: _____

Past coverage

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 Retroactive date: _____

12 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.)

Staff details

13 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
All employees with client contact				
All employees without client contact				
Totals				

14 Annual Turnover Rate: _____

15 Historical headcount for the past 5 years (all staff from question 13)
 20__ : _____ 20__ : _____ 20__ : _____ 20__ : _____ 20__ : _____

16 Top 5 states where employees are located (list state and number of employees):

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Client details

17 Total number of individual clients/patients/students/members served annually: _____

18 Percentage of the above that are disabled/handicapped/at risk : _____

19 Please breakdown clients served annually (%):

0-10:	11-18:	19-65:	65+:
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Loss Prevention Efforts

19 Check which of the following methods are used in the screening and hiring process for all listed in question 9 above.

Loss Prevention Methods Type in "Y" for Yes and "N" for No	Number employed	Number contracted	Number 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			

From ___/___ to ___/___ _____

From ___/___ to ___/___ _____

From ___/___ to ___/___ _____

From ___/___ to ___/___ _____

From ___/___ to ___/___ _____

Please complete the claims supplement for any sexual misconduct claim.

- 26 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)
- 27 Has the applicant or any person listed in question 13 above currently seeking coverage been involved in an allegation or claim relating to sexual abuse or 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? Yes No
 (If **Yes**, please provide details on a separate sheet of paper)
- 28 In the past 10 years, have any person listed in question 13 above or officers been terminated for cause related to sexually abusive behavior? Yes No
 (If **Yes**, please provide details on a separate sheet of paper)

Claims Handling

29 How do you handle allegations of sexual abuse or molestation?

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
_____	_____	_____
date	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

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General Information

1 Name of Applicant: _____

Applicant details

2 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
Number of corporate staff				
Number of drivers				
Totals				

Organization details

3 Number of vehicles _____

4 Age range of passengers _____

5 Please check yes or no in the grid below:

Services	Yes	No
Cabs		
School buses		
Charter buses		
Small group transfer		
Ambulatory		
Paratransit		
Non-emergency medical		
Other (please describe)		

Loss Prevention Efforts

5 Please check yes or no in the grid below:

Method	Yes	No
Matron on board		
Cameras		
GPS tracking		

6 Detail any other methods of risk management _____

7 What procedures are in place for first client in and last client out? _____

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

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