

Applicant Name: _____

Submission or policy number: _____

1. Do you have a formal, documented abuse policy? ☐ Yes ☐ No

If yes, does it include the following?

- a. A screening process that includes background and reference checks, personal interviews prior to hiring, and an employment application that asks questions about whether or not an applicant has been convicted of any crime? ☐ Yes ☐ No
- b. Documented, annual training with staff/volunteers, including how to identify symptoms or signs of abuse and a recommended course of action? ☐ Yes ☐ No
- c. A plan of supervision that monitors staff in day-to-day relationships with clients/children, both on and off insured or customer premises? ☐ Yes ☐ No
- d. A plan of direct supervision that monitors clients/children by sight and hearing with maximum visibility maintained throughout the facility? ☐ Yes ☐ No
- e. A clear policy regarding isolated or one-on-one situations? ☐ Yes ☐ No
- f. A policy with restrictions on use of electronic devices and social media, including interaction with clients/youth outside of normal work hours? ☐ Yes ☐ No
- g. Protocols on reporting incidences of suspicious or inappropriate behavior, making clear what behaviors may be inappropriate (verbal comments, touching, etc.)? ☐ Yes ☐ No
- h. Maximum visibility maintained through facility design and clear guidance to staff on avoiding access to closets, secluded areas, play tunnels, etc.? ☐ Yes ☐ No
- i. Review of any incident to determine if actions need to be taken to prevent any similar future incident? ☐ Yes ☐ No

2. Are criminal investigations/background checks allowed in your state/states? ☐ Yes ☐ No

3. Are criminal investigations/background checks conducted on all employees and volunteers before hiring, and with recurring checks at least every three (3) years? ☐ Yes ☐ No

If yes, do you include the following?

- a. A multi-state criminal search complied for at least a five (5) year history? ☐ Yes ☐ No
- b. Check of the sex offender registry? ☐ Yes ☐ No
- c. A Social Security identification, alias trace and address history? ☐ Yes ☐ No

4. Is there a crisis-management program in place? ☐ Yes ☐ No

5. Is supervision always two layers deep (at least two staff present at all times)? ☐ Yes ☐ No

6. Does the director or supervisor plan unscheduled walk-throughs of the facility? ☐ Yes ☐ No

7. If a residential facility, is there at least one of the same sex staff supervising male and female living areas at all times? ☐ Yes ☐ No

8. Have you had any abuse incidents, claims or suits, or do you have any knowledge or information which might reasonably be expected to give rise to a claim of sexual or physical abuse or molestation? ☐ Yes ☐ No

If yes, provide details:

NOTE: This supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct.

Signature

Date

Print name: _____

Title: _____

Agent Signature

Date

Print agent name: _____

Agent License Number: _____

Required in the state of Florida