

**SEXUAL MISCONDUCT AND SEXUAL MOLESTATION COVERAGE  
SUPPLEMENTAL APPLICATION  
(For Limits Greater Than \$500,000)**



Name of the organization requesting coverage: \_\_\_\_\_ Account No.: \_\_\_\_\_

*This application is to be completed and signed by an authorized representative of the organization requesting coverage. The information provided will be relied upon and used to underwrite the requested sexual misconduct and sexual molestation coverage. This application is not an offer of coverage nor is coverage bound upon completion of this application. The actual coverage provided will be included in an insurance policy, should such policy be issued to the named insured. Please complete this application in its entirety.*

1. Total number of employees (including part-time and temporary): \_\_\_\_\_
2. Does each prospective employee complete a written application for employment?  Yes  No
3. Do you conduct a pre-employment background check on each prospective employee?  Yes  No  
(If yes, please describe the extent of review completed, e.g., federal, state, county, education verification, etc., or provide the name of the organization conducting the review on your behalf): \_\_\_\_\_  
\_\_\_\_\_
4. Are references contacted prior to making an offer of employment to a prospective employee?  Yes  No
5. Do you require participation in a training program explaining proper conduct before an employee is allowed to work with anyone under the age of 18?  Yes  No
6. Does each employee have a supervised probationary period when being allowed to work with anyone under the age of 18?  Yes  No If yes, how long is the probationary period? \_\_\_\_\_  
If no, please describe the circumstances. \_\_\_\_\_  
\_\_\_\_\_
7. Do you formally approve each prospective volunteer intended to work in youth programs or activities?  
 Yes  No
8. Do you complete a background check before allowing a volunteer to work with anyone under the age of 18?  
 Yes  No (If yes, please describe the extent of review completed [e.g., federal, state, county, education verification, etc.] or provide the name of the organization conducting the review on your behalf):  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you require participation in a training program explaining proper conduct before a volunteer is allowed to work with anyone under the age of 18?  Yes  No
10. Does each volunteer have a supervised probationary period when being allowed to work with anyone under the age of 18?  Yes  No If yes, how long is the probationary period? \_\_\_\_\_  
If no, please describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_
11. Do you have a written policy in place addressing inappropriate conduct with regard to sexual abuse and molestation?  Yes  No If yes, do you review this policy with employees and volunteers on at least an annual basis?  Yes  No
12. Do you provide educational programs to employees and volunteers on the prevention of sexual abuse and molestation?  Yes  No If yes, do you maintain documentation of the programs and those participating?  Yes  No
13. Do you provide employees, volunteers, and members with procedures for reporting suspected sexual abuse, molestation, and misconduct?  Yes  No
14. Within the past five years, have any claims, accusations, allegations, or charges (whether factual or not) concerning sexual abuse, misconduct, or molestation been made or filed against your organization or anyone associated with your organization?  Yes  No  Not Sure  
If yes or not sure, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Has your organization ever submitted a claim for sexual abuse, misconduct, or molestation to an insurer?  
 Yes  No  Not Sure If yes or not sure, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Do you know of any facts or circumstances, or know of anybody who does, that could lead to a claim of sexual abuse, misconduct, or molestation against your organization, or anyone associated with your organization?  
 Yes  No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Has any member, employee, or volunteer (past or present) associated with your organization been accused or convicted of sexual abuse, misconduct, or molestation?  Yes  No  Not Sure  
 If yes or not sure, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please provide any additional comments as an attachment.**

Please provide the following information regarding your most recent insurance policy that included sexual abuse, misconduct, and molestation coverage.

Insurer: \_\_\_\_\_

Limit of Sexual Abuse, Misconduct, or Molestation Insurance: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Indicate Type of Coverage:  Occurrence Coverage  Claims-Made Coverage  Not Sure

If Claims-Made, please provide retro-active date. \_\_\_\_\_

An offer to provide coverage, if any is made, may include terms and conditions that are materially different from those requested or from the organization's previous or current coverage.

**REPRESENTATIONS**

The undersigned acknowledges that he/she is authorized to complete this application on behalf of the Named Organization requesting coverage, and further agrees as follows:

- That the statements made in response to the questions to this application are true.
- That the disclosures and representations made within this application are material, and as such, are relied upon by Church Mutual Insurance Company (the Company) in deciding whether to provide sexual misconduct and sexual molestation coverage.
- That if the information provided on this application changes between the date this application is completed and the effective date of the insurance (if any), the undersigned will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations, authorizations, or agreements to bind insurance coverage.
- That any claim or action arising out of any sexual misconduct or sexual molestation that is known, prior to the issuance of any Sexual Misconduct or Sexual Molestation Coverage, by any past or present director, officer, trustee, clergy, warden, deacon, elder, or member of any governing body of the Organization seeking coverage and is not disclosed in this application is excluded from coverage.

**IF A POLICY IS ISSUED, THIS APPLICATION WILL BE RETAINED ON FILE BY CHURCH MUTUAL.**

Signature of the person completing the application: \_\_\_\_\_

Name of the person completing this application (Please Print): \_\_\_\_\_

Title or relationship to the named organization: \_\_\_\_\_

Date of signature: \_\_\_\_\_

Visit the Church Mutual Web site at [www.churchmutual.com](http://www.churchmutual.com) for information on Abuse Prevention Resources, Employee and Volunteer Applications, a Child and Youth Abuse Prevention Program, Employee and Volunteer Background Screening, and much more.