



# SierraSpecialty

## Sexual Misconduct and Molestation Liability Insurance Application

### 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

3 Person to Contact: \_\_\_\_\_

4 Type of Operation:  Individual  Partnership  Corporation  
 Joint Venture  Other: \_\_\_\_\_

5 Years in Operation: \_\_\_\_\_

6 Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7 Employees, Clergy, Teachers, Substitute Teachers, Coaches, Counsellors, Independent Contractors, Sub Contractors, Volunteers and Other:

|  | Total number<br>(annual) | Average number<br>(daily) | % Male | % Female |
|--|--------------------------|---------------------------|--------|----------|
| a) Full time employees                                       |                          |                           |        |          |
| b) Part time employees                                       |                          |                           |        |          |
| <b>Please do not include c) through k) in a) or b) above</b> |                          |                           |        |          |
| c) Clergy  |                          |                           |        |          |
| d) Teachers  |                          |                           |        |          |
| e) Substitute teachers                                       |                          |                           |        |          |
| f) Coaches   |                          |                           |        |          |
| g) Counsellors   |                          |                           |        |          |
| h) Independent Contractors                                   |                          |                           |        |          |
| i) Sub Contractors   |                          |                           |        |          |

|  |  |  |  |  |
|--|--|--|--|--|
| j) Volunteers                                |  |  |  |  |
| k) Other – please detail on a separate sheet |  |  |  |  |
| <b>Totals</b>                                |  |  |  |  |

Are all sub contractors dedicated agents or solely your representatives?  Yes  No

(If **No** please provide additional information on a separate sheet of paper.)

Are all Independent contractors dedicated agents or solely your representatives?  Yes  No

(If **No** please provide additional information on a separate sheet of paper.)

8 Annual Turnover Rate: \_\_\_\_\_

9 Annual Operating Budget: \_\_\_\_\_

10 Coverage Desired: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_ Desired Retention: \_\_\_\_\_

11 Prior Sexual Misconduct Liability Coverage for the last five years, please list most recent first.

| Period                  | Claims Made<br>or Occurrence | Insurer | Premium | Limit | Sir   |
|-------------------------|------------------------------|---------|---------|-------|-------|
| From ___/___ to ___/___ | _____                        | _____   | _____   | _____ | _____ |
| From ___/___ to ___/___ | _____                        | _____   | _____   | _____ | _____ |
| From ___/___ to ___/___ | _____                        | _____   | _____   | _____ | _____ |
| From ___/___ to ___/___ | _____                        | _____   | _____   | _____ | _____ |
| From ___/___ to ___/___ | _____                        | _____   | _____   | _____ | _____ |

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.)

13 **Services / Locations:**  
(If the services operate in multiple cities or states please attach a list that shows where all services operate.)

| Number of Locations | Types of Services % of Total   | Exposure Units<br>( Annual <input type="checkbox"/> Or Other <input type="checkbox"/> # of Months _____ ) |           |                  |
|---------------------|--------------------------------|---|-----------|------------------|
|                     |                                | Number of Youth   | Age Range | Number of Adults |
|                     | Schools - Religious            |   |           |                  |
|                     | Schools - Public               |   |           |                  |
|                     | Schools - Private, Elementary  |   |           |                  |
|                     | Schools - Private, Secondary   |   |           |                  |
|                     | YMCA                           |   |           |                  |
|                     | Community Service Organization |   |           |                  |

|  |                               |  |  |  |
|--|-------------------------------|--|--|--|
|  | Overnight Camps               |  |  |  |
|  | Day Camps                     |  |  |  |
|  | Child Care Centers            |  |  |  |
|  | Churches / Parishes           |  |  |  |
|  | Sunday Schools                |  |  |  |
|  | Mentoring Programs            |  |  |  |
|  | Counseling Services           |  |  |  |
|  | Residential Treatment Centers |  |  |  |
|  | Group Homes                   |  |  |  |
|  | Foster Care Services          |  |  |  |
|  | In-Home Social Services       |  |  |  |
|  | Drop in / Recreation Centers  |  |  |  |
|  | Hospitals                     |  |  |  |
|  | Nursing Homes                 |  |  |  |
|  | Home Health Care              |  |  |  |
|  | Assisted Living               |  |  |  |
|  | Other (describe)              |  |  |  |
|  | <b>Totals</b>                 |  |  |  |

**Loss History**

14. Please furnish the past ten years' first dollar loss history for all sexual misconduct claims.

| Period                  | # Claims Reserved | # of Claims Paid | Total Paid Loss | Total Paid Expenses | Total Reserved Losses | Total Reserved Expenses |
|-------------------------|-------------------|------------------|-----------------|---------------------|-----------------------|-------------------------|
| From ___/___ to ___/___ | _____             | _____            | _____           | _____               | _____                 | _____                   |
| From ___/___ to ___/___ | _____             | _____            | _____           | _____               | _____                 | _____                   |
| From ___/___ to ___/___ | _____             | _____            | _____           | _____               | _____                 | _____                   |
| From ___/___ to ___/___ | _____             | _____            | _____           | _____               | _____                 | _____                   |
| From ___/___ to ___/___ | _____             | _____            | _____           | _____               | _____                 | _____                   |
| From ___/___ to ___/___ | _____             | _____            | _____           | _____               | _____                 | _____                   |
| From ___/___ to ___/___ | _____             | _____            | _____           | _____               | _____                 | _____                   |
| From ___/___ to ___/___ | _____             | _____            | _____           | _____               | _____                 | _____                   |

From \_\_\_/\_\_\_ to \_\_\_/\_\_\_ \_\_\_\_\_

15. On a separate sheet of paper, please provide the following information for any sexual misconduct claim.

- 1 Date of Initial misconduct
- 2 Date claim was brought
- 3 Description of loss indicating if sexual contact did/did not occur
- 4 Any amounts paid as damages
- 5 Amounts reserved
- 6 Legal/claim handling expense
- 7 Valuation date

16 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.)

17 Has the applicant, any employee, clergy, teacher, substitute teacher, coach, counsellor, independent contractor, sub contractor, volunteer or 'other' listed in question 7 above currently seeking coverage been involved in an allegation or claim relating to sexual abuse?  Yes  No

(If **Yes**, please provide details on a separate sheet of paper.)

**Loss Prevention Efforts**

Check which of the following methods are used in the screening and hiring process for employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 7 above. Please attach a copy of all items below.

| Loss Prevention Methods Type in "Y" for Yes and "N" for No           | Employees | All other in Q<br>7 |
|--|-----------|---------------------|
| a. Standard Application  |           |                     |
| b. Code of Conduct (attach a copy)                                   |           |                     |
| 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. Checklist of indicators that may indicate increased risk to abuse |           |                     |
| h. Other (please describe):  |           |                     |

19. Does the organization have a written policy prohibiting all those listed in  Yes  No question 7 above from working alone with a single client?

If **No**, please explain when these situations occur and how the interactions are monitored \_\_\_\_\_

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(Please use a separate sheet of paper if necessary)

20. Are those listed in question 7, other than employees, directly supervised by an employee when interacting with children or vulnerable adults?  Yes  No

If **No**, please explain when these situations occur and how the interactions are monitored \_\_\_\_\_

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(Please use a separate sheet of paper if necessary)

21. Do any of those listed in question 7 above ever have children at their home?  Yes  No

If **Yes**, please explain when these situations occur and how such situation is monitored \_\_\_\_\_

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(Please use a separate sheet of paper if necessary)

22. Do any of those listed in question 7 above ever spend time at the home of children?  Yes  No

If **Yes**, please explain when these situations occur and how such situation is monitored \_\_\_\_\_

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23. Does the Organization ever sponsor 'events'?  Yes  No

If **Yes**, please provide details of events that are sponsored including the normal ratio of children to 'safe' adult on such sponsored events \_\_\_\_\_

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(Please use a separate sheet of paper if necessary)

24. Does the Organization ever sponsor overnight 'events'?  Yes  No

If **Yes**, please provide details of overnight events that are sponsored including the normal ratio of children to 'safe' adult on such sponsored events \_\_\_\_\_

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(Please use a separate sheet of paper if necessary)

25. Are all those listed in question 7 above required to complete organizational abuse prevention before they are permitted to work/volunteer?  Yes  No

(If **Yes**, please attach curriculum and any further details)

26. Are all those listed in question 7 above required to complete annual organizational abuse prevention training?  Yes  No

(If **Yes**, please attach curriculum and any further details)

27. Does central administration establish, monitor, and enforce policies and procedures across all locations?  Yes  No

If **No**, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Are items below included in the operations handbook for all those listed in question 7 above?

**Yes No**

- A zero tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the applicant's care. (please attach copy.)
- A written policy that defines appropriate and inappropriate displays of affections. (please attach copy.)
- A written procedure for governing the interactions between those listed in question 7 above and children or other vulnerable persons in your care outside of regular program activities. (please attach copy.)
- A written procedure for managing the risk when those listed in question 7 above is alone with a lone child or other vulnerable person. (please attach copy.)

29. Does senior management review and approve in writing new care programs?  Yes  No

**Historical Activity**

30. Have any of the applicant's employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 7 above 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.)

31. In the past 10 years, have any employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub contractors, volunteers or 'others' listed in question 7 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.)

32. Has the applicant merged with any other entity in the past 10 years  Yes  No

(If **Yes**, please provide details on a separate sheet of paper.)

33. Is the applicant contemplating a merger in the next 18 months?  Yes  No

If **Yes**, please provide full details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Has there been a major increase/decrease in the operating budget in the last 5 years?  Yes  No

If **Yes**, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Does the applicant plan to add any additional care programs in the next year?  Yes  No

If **Yes**, please explain \_\_\_\_\_  
\_\_\_\_\_

**Claims Handling**

36. Does the organization have a procedure to allow victims to report abuse?  Yes  No

If **Yes**, please provide details of such protocol and any supporting documentation \_\_\_\_\_  
\_\_\_\_\_

37. Does the applicant have a written procedure for responding to allegations of abuse? (If **Yes**, please attach copy)  Yes  No

38. Does the applicant have a written procedure for responding to reports of suspicious or inappropriate behaviors? (If **Yes**, please attach copy)  Yes  No

39. Does the applicant have a designated investigator with specialized training who is in charge of handling all internal sexual misconduct investigations?  Yes  No

40. Does the applicant use a standardized incident reporting form across all locations and programs? (If **Yes**, please attach copy)  Yes  No

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



\_\_\_\_\_  
date

\_\_\_\_\_  
applicant's authorized signature of the risk management officer  
or loss control 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.**