ABUSE & MOLESTATION SUPPLEMENTAL

Attach whenever the applicant has any exposure to minors, patients, residents, students, or other vulnerable persons. Complete with CWCO-SUP-CORE. Must be signed by both a principal and the person respo

NAME OF APPLICANT	EFFECTIVE DATE REQUESTED	YEARS IN OPERATION

MAILING ADDRESS	CITY	STATE / ZIP	WEBSITE

PERSON TO CONTACT	TELEPHONE	EMAIL

A OPERATIONS & INDUSTRY

DESCRIPTION OF SERVICE PROVIDED

Industry (check all that apply):

- ☐ Education
- ☐ Healthcare
- ☐ Youth sports or recreation
- ☐ Camp or overnight program
- ☐ Transportation
- ☐ Religious
- ☐ Residential care / group home
- ☐ Fitness / martial arts
- ☐ Non-profit
- ☐ Childcare / daycare
- ☐ Social services
- ☐ Other (describe below)

REASON COVERAGE IS REQUESTED

A1 Has the applicant merged with any other entity in the past 10 years, plans to do so, or has there been any significant change in operations or scale? ☐ Yes ☐ No

IF YES, EXPLAIN

ANNUAL REVENUES ($)	TOTAL ASSETS ($)	NUMBER OF LOCATIONS	STATES OF OPERATION

B STAFF & CONTACT EXPOSURE

CATEGORY	NUMBER EMPLOYED	NUMBER CONTRACTED	NUMBER VOLUNTEER	% MALE

Complete rows for: all staff WITH client contact, all staff WITHOUT client contact, and totals.

ANNUAL STAFF TURNOVER RATE (%)	TOP STATES WHERE STAFF ARE LOCATED	STAFF-TO-CLIENT SUPERVISION RATIO

YEAR	TOTAL HEADCOUNT	YEAR	TOTAL HEADCOUNT

Provide historical headcount for the past five years.

C CLIENT POPULATION

Client age distribution and vulnerability level are the primary rating factors in this class.

TOTAL INDIVIDUAL CLIENTS / PATIENTS / STUDENTS SERVED ANNUALLY	% DISABLED, HANDICAPPED OR OTHERWISE AT-RISK

% CLIENTS AGE 0–10	% CLIENTS AGE 11–18	% CLIENTS AGE 19–65	% CLIENTS AGE 65+

C1 Does the applicant provide overnight or residential care? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Does the applicant transport clients in any vehicle? (if yes, attach CWCO-SUP-HNOA or CWCO-SUP-AUTO) ☐ Yes ☐ No
IF YES, EXPLAIN

D SCREENING & HIRING CONTROLS

Answer for every category of person listed in Section B — employees, contractors and volunteers alike.

SCREENING METHOD	EMPLOYEES (Y/N)	CONTRACTORS (Y/N)	VOLUNTEERS (Y/N)

Methods: standard written application; signed code of conduct; face-to-face interview; standard list of interview questions; behavioral interviewing techniques; interview by more than one person; standard refe

D1 Is a checklist of indicators that may signal increased abuse risk used during screening? ☐ Yes ☐ No
IF YES, EXPLAIN

D2 Are background checks re-run periodically for existing staff and volunteers? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Are references contacted and documented before any person is placed in client contact? ☐ Yes ☐ No
IF YES, EXPLAIN

E SUPERVISION POLICIES & WRITTEN PROCEDURES

E1 Are one-on-one encounters permitted with clients? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to E1, explain when these situations occur and how the interactions are monitored.

E2 Do any staff, contractors or volunteers ever have children at their home, or spend time at the home of a client child? ☐ Yes ☐ No
IF YES, EXPLAIN

E3 Does the organization ever sponsor events, including overnight events? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to E3, state the normal ratio of children to screened adults on sponsored events in the explanation field.

E4 Does central administration establish, monitor and enforce policies and procedures across all locations? ☐ Yes ☐ No
IF YES, EXPLAIN

E5 Do written policies include a zero-tolerance statement for sexual abuse of children or other vulnerable persons in the applicant's care? ☐ Yes ☐ No

E6 Do written policies define appropriate and inappropriate displays of affection? ☐ Yes ☐ No

E7 Is there a written procedure governing interactions between staff and clients outside of regular program activities? ☐ Yes ☐ No

E8 Is there a written procedure for managing the risk when a staff member is alone with a lone child or vulnerable person? ☐ Yes ☐ No

E9 Are restrooms, locker rooms, and changing areas supervised under a written two-adult rule? ☐ Yes ☐ No
IF YES, EXPLAIN

E10 Is there a written policy governing staff electronic and social media contact with clients? ☐ Yes ☐ No
IF YES, EXPLAIN

F PRIOR COVERAGE & LOSS HISTORY

Furnish the past ten years' first-dollar loss history for all sexual misconduct claims.

POLICY PERIOD	CLAIMS MADE OR OCCURRENCE	INSURER	LIMIT	SIR	PREMIUM

RETROACTIVE DATE (MM/DD/YYYY)

CURRENT SELF-INSURED RETENTION ($)

F1 Has the applicant ever cancelled or non-renewed this type of coverage? ☐ Yes ☐ No

IF YES, EXPLAIN

PERIOD	# CLAIMS	TOTAL PAID LOSSES ($)	TOTAL PAID EXPENSES ($)	TOTAL RESERVED ($)	TOTAL INCURRED ($)

F2 Is the applicant aware of any fact, incident, circumstance or allegation that may result in a claim? ☐ Yes ☐ No

IF YES, EXPLAIN

F3 Has the applicant, or any person in Section B, been involved in an allegation or claim relating to sexual abuse, or been transferred in or out of any location because of a suspicion, complaint or allegation of sexual misconduct? ☐ Yes ☐ No

IF YES, EXPLAIN

F4 In the past 10 years, has any person in Section B or any officer been terminated for cause related to sexually abusive behavior? ☐ Yes ☐ No

IF YES, EXPLAIN

DESCRIBE HOW THE APPLICANT HANDLES ALLEGATIONS OF ABUSE OR MOLESTATION — REPORTING CHAIN, MANDATORY REPORTING COMPLIANCE, SUSPENSION PENDING INVESTI

G ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — ACCREDITATION, THIRD-PARTY PROGRAM AUDITS, INSURER-PROVIDED LOSS CONTROL PARTICIPATION, OR PLANNED CHANGE

H REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental must be signed by a principal, partner or officer AND by the individual in charge of human resources or personnel.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE