

Covers mentoring programs (one-to-one community- and school-based), youth development and leadership organizations, after-school and out-of-school-time programs, youth clubs and troops, and tutoring nonprofits. Overnight camps and sports leagues use their own forms. Complete with ACORD 125/126. Attach the child protection policy, volunteer screening procedure, mentor match agreement, and any national affiliation agreement.

1 APPLICANT / ORGANIZATION INFORMATION

LEGAL ORGANIZATION NAME	DBA	FEIN	YEARS OPERATING
MAIN OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Organization type:
☐ 501(c)(3) nonprofit
 ☐ Local affiliate of a national organization
 ☐ Faith-based nonprofit
 ☐ School-based program
 ☐ Other

EXECUTIVE DIRECTOR / CONTACT	PHONE	EMAIL

NATIONAL AFFILIATION (IF ANY)	YEARS SINCE FOUNDING (FOR PRIOR-ACT EXPOSURE)

2 OPERATIONS

DESCRIPTION OF THE ORGANIZATION (PROGRAMS, AGES SERVED, WHERE ACTIVITIES TAKE PLACE)

Program models (check all):

- ☐ Community-based one-to-one mentoring
 ☐ Site-based / school mentoring
 ☐ Group mentoring
 ☐ After-school program
 ☐ Troops / clubs
☐ Overnight trips or retreats
☐ Online / virtual mentoring
☐ Transportation of youth

Size and volume:

Youth served per year	Active mentor matches	Volunteers	Paid staff	Program sites
Youngest age served				

3 EXPOSURE & RISK QUESTIONS — SCREENING, MATCHING & SUPERVISION

In a Child Victims Act suit, claims for negligent recruitment, supervision, and failure to warn against a national mentoring organization and its local agency survived dismissal. The Boy Scouts' abuse settlement reached \$2.46 billion for more than 80,000 claimants.

3-1 Do all mentors, staff, and volunteers complete fingerprint background checks, reference checks, and in-person interviews?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 Are background checks repeated at least every 2 years for active volunteers and staff?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 Do one-to-one matches meet in the community or homes without another adult present?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Do staff contact each match at least monthly, including separate check-ins with the youth and parent?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Are rules in place for texting, social media, gifts, overnight stays, and travel between mentors and youth?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Are staff, volunteers, parents, and youth trained to recognize and report grooming and abuse?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Is every allegation reported to authorities and the insurer, and is the accused removed during review?	☐ Yes ☐ No
IF YES, EXPLAIN	

3-8 Has the organization received any abuse allegation, including from decades ago, in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — ACTIVITIES, TRANSPORT & PRIOR COVERAGE

4-1 Do mentors or staff drive youth, and are driver records and auto insurance checked? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are high-risk activities (swimming, climbing, water sports, firearms) offered, and by whom? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are parent permission forms and medical releases collected before outings? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the organization keep copies of all past insurance policies back to its founding? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the state have a lookback window reviving old abuse claims, and has the organization been named under one? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does a national office or school partner require indemnity, specific limits, or additional insured status? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is youth personal data, including photos, protected and shared only with parent consent? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF PAID STAFF	NUMBER OF VOLUNTEERS
TOTAL ANNUAL REVENUE (\$, ILLUSTRATIVE)	GOVERNMENT / SCHOOL CONTRACTS (\$, ILLUSTRATIVE)	PROGRAM FEES (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 10 years.

CURRENT GL CARRIER	ABUSE & MOLESTATION LIMIT	CLAIMS-MADE OR OCCURRENCE?

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this organization in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has the organization been named in a suit or bankruptcy claim alleging abuse by any person affiliated with it? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1	Is there a written child protection policy adopted by the board and reviewed annually?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-2	Are screening and match files kept permanently or for at least the longest statute of limitations?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-3	Does the program follow recognized mentoring safety standards (e.g., Elements of Effective Practice)?	☐ Yes ☐ No
IF YES, EXPLAIN		

8 SIGNATURE & FRAUD WARNING

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 is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

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