



GUIDEONE INSURANCE SEXUAL MISCONDUCT SUPPLEMENTAL APPLICATION

1111 Ashworth Road
West Des Moines, IA 50265-3544

Account No.

Agent No.

Policy No.

Quote No.

This application attaches to and is made a comprised part of the Commercial Insurance Application.

Required:

- **New Business:** Complete this supplemental application in addition to the ACORD and Supplement to ACORD applications for all lines of business submitted.
- **Policy Changes:** Complete this supplemental application. **Effective Date:** _____

Common Policy Information

1. First Named Insured: _____
2. Mailing Address: Street: _____
City: _____ State: _____ Zip: _____

Sexual Misconduct Liability

(The section below applies to all operations)

1. Does your organization have a written zero tolerance for abuse policy which includes procedures designed to prevent acts of sexual misconduct that is communicated to all employees and volunteers?
☐ Yes ☐ No ☐ No written policy
2. Does your organization have a written crisis plan in place for dealing with employees, victims, parents, authorities and the media if there is an incident of abuse? ☐ Yes ☐ No
3. Does your organization require that no minor is ever alone with only one adult on your organization's premises or in any organization sponsored activity unless in a counseling situation? ☐ Yes ☐ No
4. Have any of your organization's past or present employees, volunteers or representatives ever received a report, a complaint, an allegation, ever been charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? ☐ Yes ☐ No
If yes, identify the person and submit a detailed written account:

Church and Education Operations

1. Does your organization conduct nationwide and statewide criminal or sex offender background checks on all employees and volunteers?**
All Employees: ☐ Yes ☐ No
All Volunteers: ☐ Yes ☐ No
2. Does your organization conduct reference checks* on all employees and volunteers?**
All Employees: ☐ Yes ☐ No
All Volunteers: ☐ Yes ☐ No
**The reference check includes contacting, at a minimum, two organizations in which the applicant has previously worked.*
3. How many months do you require that all volunteers be involved with your organization before they are allowed in any position involving contact with minors?** _____

** This does not apply to parents of children attending an insured school who volunteer for a one-day activity with the class

All questions that are answered Yes or No* (with an asterisk) require further explanation or details.

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Senior Living Community (SLC)

- Do your written policies and procedures include these 8 components? *(check all that apply)*
 - ☐ Screening – potential employees and volunteers before allowed to work.
 - ☐ Training – on what constitutes abuse/molestation and how to respond.
 - ☐ Prevention – listing of detailed ways to minimize occurrences.
 - ☐ Identification – events, patterns, or trends that can indicate abuse.
 - ☐ Reporting – how and whom to report concerns or incidents without the fear of retribution (2 people should be identified).
 - ☐ Investigation – identifying responsibilities of all parties, which include reporting to police as indicated.
 - ☐ Protection – of victims from harm during investigation.
 - ☐ Response – analysis of occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.
- Is the policy consistently enforced, requiring annual review of each employee and/or volunteer, mandating individual signoff that he or she has read the policy, has received appropriate training and agrees to adhere to the policy? ☐ Yes ☐ No
- Have procedures been established to monitor the implementation of the program? ☐ Yes ☐ No
- Do any of your volunteers have unlimited access to resident rooms or provide private care? ☐ Yes ☐ No
If yes:
 - Does your organization conduct Nationwide criminal background checks on these volunteers? ☐ Yes ☐ No
 - Does your organization conduct statewide or local criminal or sex offender background checks on these volunteers? ☐ Yes ☐ No
- Does your organization operate a day care center? ☐ Yes ☐ No
If yes:
 - Does your organization conduct Nationwide criminal background checks on these volunteers? ☐ Yes ☐ No
 - Does your organization conduct statewide or local criminal or sex offender background checks on day care volunteers? ☐ Yes ☐ No

Nonprofit and Human Services

- Do your written policies and procedures include these 8 components? *(check all that apply)*
 - ☐ Screening – potential employees and volunteers before allowed to work.
 - ☐ Training – on what constitutes abuse/molestation and how to respond.
 - ☐ Prevention – listing of detailed ways to minimize occurrences.
 - ☐ Identification – events, patterns, or trends that can indicate abuse.
 - ☐ Reporting – how and whom to report concerns or incidents without the fear of retribution (2 people should be identified).
 - ☐ Investigation – identifying responsibilities of all parties, which include reporting to police as indicated.
 - ☐ Protection – of victims from harm during investigation.
 - ☐ Response – analysis of occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.
- Is the policy consistently enforced, requiring annual review of each employee and/or volunteer, mandating individual signoff that he or she has read the policy, has received appropriate training and agrees to adhere to the policy? ☐ Yes ☐ No
- Have procedures been established to monitor the implementation of the program? ☐ Yes ☐ No
- Are all employees, and those volunteers involved with any activity involving a minor (anyone under the age of 18), required to sign a release form which you keep on file that allows you to request a criminal background check? ☐ Yes ☐ No
- Does your organization conduct nationwide criminal background checks on all employees and volunteers?

All Employees: ☐ Yes ☐ No
 All Volunteers: ☐ Yes ☐ No
- Does your organization conduct statewide or local criminal or sex offender background checks on all employees and volunteers?

All Employees: ☐ Yes ☐ No
 All Volunteers: ☐ Yes ☐ No

All questions that are answered Yes or No* (with an asterisk) require further explanation or details.

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Nonprofit and Human Services (continued)

7. Does your organization conduct reference checks* on all employees and volunteers?
- All Employees: ☐ Yes ☐ No
All Volunteers: ☐ Yes ☐ No
- * The reference check includes contacting, at a minimum, two organizations in which the applicant has previously worked.
8. How long are records retained documenting all screening outlined above? _____
9. Does your organization's formal zero tolerance written policy include procedures designed to prevent acts of sexual misconduct? ☐ No written policy ☐ Yes ☐ No
- a. If yes, does your policy include a procedure in which you ask employees and volunteers if they have ever been accused of, participated in, or been convicted of sexual misconduct? ☐ Yes ☐ No
- b. If yes, please provide copies of all policies and guidelines.
10. Are all hiring approval controls verified before employees and volunteers can interact with clients?
- All Employees: ☐ Yes ☐ No
All Volunteers: ☐ Yes ☐ No
11. Is unsupervised contact with clients, students or members ever allowed?
- a. For employees? ☐ Yes ☐ No
- b. For volunteers or members? ☐ Yes ☐ No
- c. For contracted staff or professionals? ☐ Yes ☐ No
- If yes to 11.a., 11.b. or 11.c., describe allowable unsupervised contact and the waiting period required before unsupervised contact is allowed:
12. Do you require that all volunteers be involved with your organization for at least six months before they are allowed in any position involving contact with minors? ☐ Yes ☐ No
13. Are criminal background checks run on an ongoing basis for employees, volunteers, and contractors after initial screening? ☐ Yes ☐ No
- If yes, please describe process:

Sexual Misconduct Coverage/Limits

(The section below applies to all operations)

- ☐ Occurrence
- ☐ Claims-made Retroactive Date: _____
- Prior Coverage Trigger: ☐ No prior coverage ☐ Occurrence ☐ Claims-made Retroactive Date: _____
- Entry date into uninterrupted claims-made coverage: _____
- Occurrence / Aggregate Limit: ☐ \$25,000 / \$50,000 ☐ \$50,000 / \$100,000 ☐ \$100,000 / \$300,000
- ☐ \$250,000 / \$500,000 ☐ \$500,000 / \$1,000,000 ☐ \$1,000,000 / \$3,000,000

Claims-Made Information

1. Are there any claims or lawsuits pending against your organization (including employees, independent contractors or volunteers) of which you or any other director, officer or administrator are aware that are not included in the claim information/loss runs provided? ☐ Yes ☐ No
- a. If yes, have all such pending claims been reported to the prior carrier? ☐ Yes ☐ No
- b. If any pending claims have not been reported to the prior carrier, please explain:

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Claims-Made Information (continued)

2. Are there any incidents or circumstances known to your organization (you or to any other director, officer or administrator), that have not been reported to the prior carrier, and for which there is reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage? ☐ Yes* ☐ No
3. Has your organization had similar coverage declined, cancelled or non-renewed during the prior five years? *(This question is not applicable in Missouri).* ☐ Yes* ☐ No
4. Did the liability policies from the applicant's prior insurance carrier(s) specify that a claim will be considered to have been made when the earlier notice of an occurrence or incident was first provided to the insurer? ☐ Yes ☐ No

Loss History

(Required for all operations, when not submitting with ACORD 125 with Loss History completed)

☐ Check if None

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.

Total Losses:	
\$	

Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes / No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remarks

(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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INSURANCE FRAUD WARNING:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree). *Applies in FL only.

Applicable in KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and PA: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

ACKNOWLEDGEMENT AND SIGNATURES:

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Authorized Applicant Representative		Date	
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

All questions that are answered Yes or No* (with an asterisk) require further explanation or details.