



Supplemental Application for  
Abusive Act Liability Coverage

Administrative Office  
1400 American Ln  
Schaumburg, IL 60196

**DEFENSE EXPENSES ARE SUBJECT TO LIMITS OF INSURANCE FOR ALLEGED PARTICIPANT COVERAGE AND FOR CLAIMS MADE COVERAGE.**

**THE SHADED AREAS OF THIS APPLICATION APPLY ONLY TO CLAIMS MADE COVERAGE. PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

1. a. Effective date of coverage: \_\_\_\_\_  
b. Requested Retroactive Date: \_\_\_\_\_ (Required only for Claims-Made Coverage)

2. Limits of Insurance:  
Occurrence Coverage:  
☐ \$250,000 Each Abusive Act/\$250,000 Aggregate ☐ \$500,000 Each Abusive Act/\$500,000 Aggregate  
☐ \$1,000,000 Each Abusive Act/\$1,000,000 Agg, ☐ Other: \$ \_\_\_\_\_

- Claims-Made Coverage:  
☐ \$250,000 Each Claim/\$250,000 Aggregate ☐ \$500,000 Each Claim/\$500,000 Aggregate  
☐ \$1,000,000 Each Claim/\$1,000,000 Aggregate ☐ Other: \$ \_\_\_\_\_

3. Deductible: ☐ \$10,000 ☐ \$50,000 ☐ \$100,000 ☐ Other: \$ \_\_\_\_\_

4. Alleged Participant Coverage (optional endorsement):  
Limits of Insurance (Applicable to Defense Expenses and Settlements):  
☐ \$100,000 Each Abusive Act/\$100,000 Aggregate ☐ \$250,000 Each Abusive Act/\$250,000 Aggregate  
☐ \$500,000 Each Abusive Act/\$500,000 Agg, ☐ Other: \$ \_\_\_\_\_

5. Type of program(s) or business operation(s) conducted:  
☐ Childrens' day care ☐ Middle school ☐ Other \_\_\_\_\_  
☐ Pre-school/kindergarten ☐ High school  
☐ Elementary school ☐ Adult care

6. Provide the following information, by program:
- | Program / Business Operation | Average Number of Daily Attendees | Number of teachers (not volunteers) | Number of volunteers |
|------------------------------|-----------------------------------|-------------------------------------|----------------------|
| Childrens' day care          |                                   |                                     |                      |
| Pre-school/kindergarten      |                                   |                                     |                      |
| Elementary school            |                                   |                                     |                      |
| Middle school                |                                   |                                     |                      |
| High school                  |                                   |                                     |                      |
| Adult care                   |                                   |                                     |                      |
| Other                        |                                   |                                     |                      |

7. If the applicant is a membership organization, such as a church, provide the total number of:  
a. Members \_\_\_\_\_ Average daily attendees \_\_\_\_\_  
b. Total full-time and part-time (i.e., 20 or fewer hours) employees and clergy:  
Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Clergy: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
8. a. Is the facility open to visits by parents and guardians? ..... ☐ Yes ☐ No  
b. Is the facility licensed? ..... ☐ Yes ☐ No  
If "yes", provide a copy of the license.  
c. Are the participants separated by age group? ..... ☐ Yes ☐ No
9. a. Number of new employees hired in the past 12 months \_\_\_\_\_  
b. Number of new volunteers in the past 12 months \_\_\_\_\_

10. a. Is there a written policy with procedures for screening and performing background checks of all prospective employees? ..... ☐ Yes ☐ No  
b. Is there a written policy with procedures for screening prospective employees *and volunteers* that includes a personal interview by a staff member? ..... ☐ Yes ☐ No  
c. Are signed and dated applications required of:  
(1) all prospective employees? ..... ☐ Yes ☐ No  
(2) all prospective volunteers? ..... ☐ Yes ☐ No  
d. If the answer to a., b. or any part of c. is "yes", where is the documentation stored and for how long?
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11. Do the employment and volunteer applications:  
a. include a question(s) concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse? ..... ☐ Yes ☐ No  
b. require that one reference be related to the applicant and the other references not be related to the applicant? ..... ☐ Yes ☐ No
12. Are application references checked and documentation maintained? ..... ☐ Yes ☐ No
13. a. Is there a written policy addressing abusive acts? ..... ☐ Yes ☐ No  
b. If "yes", how often is the policy communicated to:  
(1) employees? \_\_\_\_\_ time(s) every \_\_\_\_\_ months, or ☐ Other \_\_\_\_\_  
(2) volunteers? \_\_\_\_\_ time(s) every \_\_\_\_\_ months, or ☐ Other \_\_\_\_\_  
(3) students? \_\_\_\_\_ time(s) every \_\_\_\_\_ months, or ☐ Other \_\_\_\_\_  
(4) parents? \_\_\_\_\_ time(s) every \_\_\_\_\_ months, or ☐ Other \_\_\_\_\_  
c. Are the following individuals required to sign an acknowledgement of receipt and understanding of the abusive act policy?  
(1) employees ..... ☐ Yes ☐ No  
(2) volunteers ..... ☐ Yes ☐ No  
d. How often are the policies and procedures regarding abusive acts reviewed or revised by:  
(1) the applicant? \_\_\_\_\_ time(s) every \_\_\_\_\_ months/year(s), or ☐ Other \_\_\_\_\_  
(2) legal counsel? \_\_\_\_\_ time(s) every \_\_\_\_\_ months/year(s), or ☐ Other \_\_\_\_\_
14. a. Is documentation maintained on awareness training of staff and volunteers regarding the abusive act policy including how to recognize signs of child or sexual abuse and what to do if someone reports abuse? ..... ☐ Yes ☐ No  
b. How frequently is training conducted? \_\_\_\_\_  
c. Provide details on the trainer(s) including qualifications and company affiliation.
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15. a. Have procedures been developed and publicized to employees and volunteers for reporting and investigating alleged incidents of abusive acts? ..... ☐ Yes ☐ No  
b. Has complaint management and investigation been assigned to any person(s)? ..... ☐ Yes ☐ No  
c. If b. is "yes", has that person(s) been adequately trained in these responsibilities? ..... ☐ Yes ☐ No
16. a. Are any activities involving direct contact with children subcontracted to others? ..... ☐ Yes ☐ No  
b. If "yes":  
(1) Are the subcontractors government licensed? ..... ☐ Yes ☐ No  
(2) Are certificates of liability insurance required? ..... ☐ Yes ☐ No  
(3) Describe the services provided by subcontractors: \_\_\_\_\_
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17. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations? ..... ☐ Yes ☐ No
18. In the last 10 years:  
a. has any business insurance been refused, cancelled or nonrenewed? (Not applicable in MO) ☐ Yes ☐ No  
b. has the applicant or any employee had abusive act (or similar) insurance coverage declined, cancelled or nonrenewed? (Not applicable in Missouri.) ..... ☐ Yes ☐ No  
c. has the applicant or any employee or volunteer had any claim or suit brought against them as a result of abusive acts? ..... ☐ Yes ☐ No  
d. have any public authorities investigated the applicant relating to claims or allegations of abusive acts? ..... ☐ Yes ☐ No
- If the answer is "yes" to any part of question 18, provide complete details by attachment.

19. Does the applicant have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act? ..... ☐ Yes ☐ No

If the answer is "yes" to question 19, provide complete details by attachment.

20. Current/prior insurance coverage:

Carrier: \_\_\_\_\_

Claims-Made: ☐ Occurrence: ☐

Effective/expiration dates: \_\_\_\_\_ to \_\_\_\_\_ Claims-Made Retro Date: \_\_\_\_\_

Limits of liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this Application. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior application form to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct and complete to the best of his/her knowledge.

**FRAUD NOTICES:** Prior to signing this application/proposal form, review the following statutory fraud notices as they may apply to the applicant's place of domicile.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may also be denied.)

**COLORADO:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**HAWAII:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

**OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative  
Title: \_\_\_\_\_  
Licensed Producer, Agent License Number: \_\_\_\_\_  
or Broker: \_\_\_\_\_

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.