



CENTERPOINT INSURANCE GROUP

ABUSE & MOLESTATION SUPPLEMENTAL APPLICATION

Applicant/Agency Name: _____

Mailing Address: _____

1. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex related or Child-abuse related offenses? Yes No
2. a) Does your state permit you to do criminal background investigations? Yes No
 b) If yes, do you routinely request and receive such background investigations? Yes No
3. Do you verify employment related references? Yes No
4. Do you conduct a personal interview? Yes No
5. Do you have written procedures for dealing with sexual abuse? Yes No
(If yes, please attach a copy)
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off the premises? Yes No
7. a) Has your organization every had an incident which resulted in an allegation of sexual abuse? Yes No
(If yes please describe)
 b) Was a claim made against your organization? Yes No
 c) Was the case settled? Yes No
 d) Was the case taken to trial? Yes No
 e) How much was paid as damages to the victim? \$ _____
8. Regarding coverage for abuse & molestation, does your current insurance program:
 _____ a) Exclude coverage
 _____ b) Limit coverage (Please indicate limit of liability) \$ _____
9. Please indicate age range of clients: _____

Remarks: _____

AGENT'S/BROKER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____