



**ASSAULT OR BATTERY  
APPLICATION SUPPLEMENT**

Named and Address of Insured:	Date:
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Operating As:  
 For Profit     Nonprofit     Other:

Account Type (Describe Your Primary Business):

**Check all operations that apply:**  
**Primary** refers to your predominant operation that generates most of your sales, payroll, receipts, admissions, income, or operating revenues.  
**Ancillary** refers to any activities that are incidental to your primary operation.

	Primary	Ancillary		Primary	Ancillary
Ambulance Service	<input type="checkbox"/>	<input type="checkbox"/>	Healthcare facility (incl. Home Health Care)	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living Facility	<input type="checkbox"/>	<input type="checkbox"/>	Medical Office (including Dental)	<input type="checkbox"/>	<input type="checkbox"/>
Building Owner	<input type="checkbox"/>	<input type="checkbox"/>	School K-12 <b>Answer question 4 on page 2</b>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Company	<input type="checkbox"/>	<input type="checkbox"/>	School-Miscellaneous <b>Answer question 5 on page 2</b>	<input type="checkbox"/>	<input type="checkbox"/>
Camp <b>Answer question 1 on page 2</b>	<input type="checkbox"/>	<input type="checkbox"/>	Seminary	<input type="checkbox"/>	<input type="checkbox"/>
Club-civic, service, social	<input type="checkbox"/>	<input type="checkbox"/>	Shelter, Mission, Settlement, or Halfway House	<input type="checkbox"/>	<input type="checkbox"/>
Club-country or golf	<input type="checkbox"/>	<input type="checkbox"/>	Social Service Agency <b>Answer question 6 on page 2</b>	<input type="checkbox"/>	<input type="checkbox"/>
Club-exercise or health	<input type="checkbox"/>	<input type="checkbox"/>	Store	<input type="checkbox"/>	<input type="checkbox"/>
College/University <b>Answer question 2 on page 2</b>	<input type="checkbox"/>	<input type="checkbox"/>	YMCA/YWCA	<input type="checkbox"/>	<input type="checkbox"/>
Convalescent Home/Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	Youth Recreation programs including Boy/Girl Scouts <b>Answer question 7 on page 2</b>	<input type="checkbox"/>	<input type="checkbox"/>
Day Care Center-Adult or Child <b>Answer question 3 on page 2</b>	<input type="checkbox"/>	<input type="checkbox"/>			

Other Custodial Operation (Explain):  
*Examples: Babysitting service, supervised play area, supervised children's programs/activities, youth sports clinic, and other similar operations.*

**Additional Questions (Answer only if applicable to your operations)**

1. **Camp Operations**  
 Type of Camp: \_\_\_\_\_ Number of days camp is operational (annually): \_\_\_\_\_  
 Number of Camp Locations: \_\_\_\_\_  Day  Night

2. **Colleges/Universities**  
 Total undergraduate student enrollment: \_\_\_\_\_ Percentage of Boarding Students \_\_\_\_\_ %  
 Fraternities or Sororities?  Yes  No

3. **Day Care - Adult or Child**  
 Total number of attendees: \_\_\_\_\_

	Age of Attendees	Average Daily Attendance
	Under 2 years	
	2 to 5 years	
	6 to 17 years	
	18 to 60 years	
	60 years +	

4. **Schools K-12**

Total student enrollment: \_\_\_\_\_ Percentage of Boarding Students: \_\_\_\_\_ %

5. **Schools - Miscellaneous**

Describe your operations: \_\_\_\_\_

6. **Social Service Agencies**

List/describe the types of social services offered: \_\_\_\_\_

7. **Youth Recreation programs including Boy or Girl Scouts**

Total registrant enrollment: \_\_\_\_\_

**Subcontracted Custodial Operations**

Do you hire or use subcontractors for any custodial operations?  Yes  No

Do you require that those subcontractors name you as an additional insured?  Yes  No

Do you require those subcontractors to provide a Certificate of Insurance showing Abuse or Molestation coverage with limits of at least \$1,000,000?  Yes  No

**Number and Types of Clients/Students in your Custody**

Client/student Description	Approximate Total Number
Persons under the age of 18	
Persons who are physically or mentally impaired/handicapped	
How long is a client/student normally associated with your organization?	

**Licensing/Regulatory Requirements**

1. Is licensing required for your custodial operation?  Yes  No

If yes, is your license current?  Yes  No

If no, explain: \_\_\_\_\_

If yes, has your license ever been suspended or revoked? (Not Applicable in Missouri)  Yes  No

If yes, explain: \_\_\_\_\_

2. Are there local/state/federal regulatory requirements for your custodial operations?  Yes  No

3. Do your custodial business operations meet or exceed all applicable state or local regulatory requirements?

Yes  No If no, explain in detail: \_\_\_\_\_

4. Has there ever been an investigation of your operations by any public authority relating to abuse or molestation?

Yes  No If yes, explain in detail: \_\_\_\_\_

**Incident and Claim History**

Describe any Abuse or Molestation Incidents/Losses/Claims

Date of Incident	Description	Loss Amount	Open/Closed

**Volunteers**

Do you utilize volunteers?  Yes  No

If yes, percentage of your current staff that are volunteers: \_\_\_\_\_ %

If yes, describe fully any volunteer activities: \_\_\_\_\_

**Location**

Where do interactions with clients/students take place? (Check all that apply)

Public Areas  Private Offices  Remote Locations

School Facilities  Private Homes  Camp Grounds

Other - Describe: \_\_\_\_\_

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**Which of the following controls do you have in place to prevent the potential for abuse or molestation?**

Windowed rooms  Yes  No

Windowed doors  Yes  No

Open Viewing areas which prevent a single employee/volunteer from routinely being alone with a client/student AND out of view from other employees/volunteers?  Yes  No

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Describe any area of your facilities which would allow an employee or volunteer to be alone with a client/student.

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Does your facility have security patrols or closed circuit monitors of client/student areas?  Yes  No

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Are children separated from all adults other than employees and volunteers who are responsible for their care and supervision (e.g. janitorial, food service, maintenance, suppliers, vendors, visitors, customers, or other adults that may be on, or have access to your premises)?  Yes  No

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**Foreign Exposures**

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Describe any client/student activities, sponsored by you, that take place outside of the United States.

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For activities outside the U.S., clients/students are chaperoned by:

Employees  Volunteers  Parents  Not Chaperoned

Other (Describe):

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**Parent/Family Involvement**

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Indicate the parent or family member involvement in your activities:

Routine, ongoing involvement of parents or family members

Occasional parental/family involvement  No or almost no parental/family involvement

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**Employee/Volunteer Interaction with Clients/Students**

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Describe all positions involving adult-minor interaction (e.g. Teacher-Student, Coach-Athlete, Counselor-Client/Student, etc.):

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**Level of Adult Supervision**

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Indicate the level of your employee/volunteer supervision of activities with clients/students:

Single employee works alone with clients/students

Single volunteer works alone with client/students

*If either of the above two boxes are checked, explain in detail why such one-on-one activities/interfaces are necessary as part of your operations/activities, e.g. counseling, therapy, etc.*

Single employee/volunteer alone with multiple clients/students

Two or more employees or volunteers are present with clients/students

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**Personal Activities**

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Which personal activities do your employees/volunteers assist clients/students:

Normally no assistance with personal activities

Bathing, toileting, or changing clothes

Other (Describe):

**Employee/Volunteer Hiring or Selection Procedures**

	<u>Employees</u>		<u>Volunteers</u>	
	Yes	No	Yes	No
1. Do you require a written application for all employees and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do applications require the applicant's signature and include a warning that untruthful answers are grounds for non-employment or dismissal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do applications include questions concerning any prior abuse or molestation allegations, incidents, convictions, or pleadings of guilty or "no contest" to a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the application include an acknowledgement that a background check may be conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you perform documented reference checks including criminal records background checks on a state and federal level on all employees who have contact with clients/students, including janitorial staff, and all volunteers? Explain any exceptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you maintain the practice of turning down new employees with prior sexual/physical abuse or molestation allegations against them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you screen employees/volunteers for drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you use any form of psychological profiling or abuse screening techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Background Checks**

	<u>Employees</u>		<u>Volunteers</u>	
	Local	No	Local	No
1. Have background checks been conducted on all current employees/volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you conduct criminal background checks as a hiring requirement for new employees/volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you conduct follow-up background checks in accordance with state/local requirements or at a minimum of every five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you obtain background checks? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> >5 yrs.				
5. Do you perform qualification or credential checks on all professional staff including teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Policies/Procedures for Prevention of Abuse or Molestation**

	Yes	No
1. Do you have written policies and procedures for the prevention of abuse/molestation?	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Does your written procedures manual:</b>		
a. Outline your organization's commitment to child safety and the safety of any other persons in your custody?	<input type="checkbox"/>	<input type="checkbox"/>
b. Establish a child/victim group protection policy with assigned responsibilities and accountabilities?	<input type="checkbox"/>	<input type="checkbox"/>
c. Contain procedures for the immediate and proper handling of sexual or other abuse allegations?	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>For Youth Services Organizations (e.g. primary schools, youth recreation organizations, camps, day cares)</b> Restrict "one on one" situations between employee/volunteer and clients/students?	<input type="checkbox"/>	<input type="checkbox"/>
4. Establish that child care staff must adhere to the "three person rule"? <i>*This rule prevents an adult from being alone with one youth. A second adult must be present, or there must be two or more youth with an adult.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities?	<input type="checkbox"/>	<input type="checkbox"/>
6. Prohibit corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>
7. Require that written procedures are publicly displayed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Indicate that anyone suspected of an abuse/molestation offense will be subject to civil or criminal prosecution to the fullest extent allowed by law?	<input type="checkbox"/>	<input type="checkbox"/>

Are the following rules/practices enforced?	Yes	No
1. Transportation done by two adults or has very strict time and routes enforced.	<input type="checkbox"/>	<input type="checkbox"/>
2. Required prior establishment of those persons allowed to visit/pickup clients/students.	<input type="checkbox"/>	<input type="checkbox"/>
3. Overnight activities are clearly planned and approved by management? (Adequate number of pre-approved employees/volunteers and no single adult/child shared sleeping accommodations.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Off premises activities are only done with 2 or more prepared staff/volunteers.	<input type="checkbox"/>	<input type="checkbox"/>
5. Encouragement of unannounced parental visits and program involvement.	<input type="checkbox"/>	<input type="checkbox"/>
6. A buddy system in place for children.	<input type="checkbox"/>	<input type="checkbox"/>

**Abuse or Molestation Training**

Describe your abuse or molestation prevention training (check)

	None	Orientation	Formal Training	Records Kept
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do your employee/volunteer training procedures:	Yes	No
1. Have a documented orientation program in place that clearly indicates "zero tolerance" of any type of abuse or molestation to the child/victim group and outlines what action will be taken in the event of any such abuse or molestation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Include training in the recognition of sexual/physical abuse symptoms and include procedures to follow if a peer is suspected of such abuse?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have a probationary period in place with close observation of all new employees/volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
4. Periodically schedule refresher training for all employees/volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
5. Document all training for content and frequency?	<input type="checkbox"/>	<input type="checkbox"/>

**Client/Student Abuse or Molestation Training**

1. Do you conduct abuse or molestation awareness training for clients/students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you keep records of clients/students abuse or molestation awareness training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**FRAUD STATEMENTS**

**FLORIDA:** 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.

**LOUISIANA and MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address