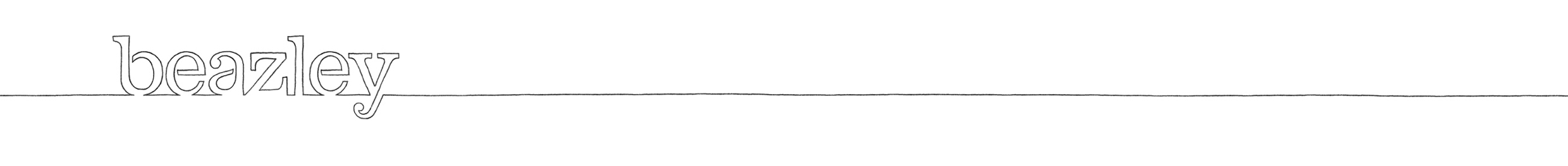
**Safeguard New Business Application**

**Instructions**

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking clergy or executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

**General Information**

1. Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Person to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Years in Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Description of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Industry:
   * + - 1. 🞎 Education 🞎 Transportation 🞎 Non-profit 🞎 Healthcare 🞎Religious 🞎Other

Please complete Industry supplement if any industry except “Other.”

1. Please complete financial data below:

|  |  |  |
| --- | --- | --- |
| Current assets: $ | Total assets: $ | Net income/loss: $ |
| Current liabilities: $ | Cash flow: $ | Annual Revenues: $ |

8 Has the applicant merged with any other entity in the past 10 years 🞎 Yes 🞎 No

or planning to do so in the future or has there been any significant

change in the operations or scale of the organization?

If **Yes**, please provide full details

(Please use a separate sheet of paper if necessary)

1. Reason coverage is requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past coverage**

1. Prior Sexual Misconduct Liability Coverage for the last five years, please list most recent first.

**Period Claims Made Insurer Premium Limit SIR**

**or Occurrence**

From \_\_\_/\_\_\_ to \_\_\_/\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

From \_\_\_/\_\_\_ to \_\_\_/\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

From \_\_\_/\_\_\_ to \_\_\_/\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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From \_\_\_/\_\_\_ to \_\_\_/\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

1. Retroactive date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has any applicant ever canceled or non-renewed this type of coverage: 🞎 Yes 🞎 No

(If **Yes**, please identify the provider and explain on a separate sheet of paper.)

**Staff details**

1. Please complete employee grid below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number employed | Number contracted | Number volunteer | % Male |
| All employees with client contact |  |  |  |  |
| All employees without client contact |  |  |  |  |
| **Totals** |  |  |  |  |

1. Annual Turnover Rate: \_\_\_\_\_\_\_\_\_\_\_\_

15 Historical headcount for the past 5 years (all staff from question 13)

20\_\_: \_\_\_\_\_\_\_ 20\_\_: \_\_\_\_\_\_\_ 20\_\_: \_\_\_\_\_\_\_ 20\_\_: \_\_\_\_\_\_\_ 20\_\_: \_\_\_\_\_\_\_

1. Top 5 states where employees are located (list state and number of employees):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Client details**

1. Total number of individual clients/patients/students/members served annually:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Percentage of the above that are disabled/handicapped/at risk :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please breakdown clients served annually (%):

|  |  |  |  |
| --- | --- | --- | --- |
| 0-10: % | 11-18: % | 19-65: % | 65+: |

**Loss Prevention Efforts**

20 Check which of the following methods are used in the screening and hiring process for all listed in question 13 above.

|  |  |  |  |
| --- | --- | --- | --- |
| Loss Prevention Methods Type in “Y” for Yes and “N” for No | Number employed | Number contracted | Number volunteer |
| a. Standard Application |  |  |  |
| b. Code of Conduct |  |  |  |
| c. Interview |  |  |  |
| -Face to face interview |  |  |  |
| -Standard list of interview questions |  |  |  |
| -Use behavioural interviewing techniques |  |  |  |
| -Interview by more than one person |  |  |  |
| d. Standard questions for references |  |  |  |
| e. Criminal background check |  |  |  |
| f. Abuse registry check |  |  |  |
| g. Organizational abuse prevention prior to working/volunteering |  |  |  |
| h. Annual abuse training |  |  |  |
| i. Checklist of indicators that may indicate increased risk to abuse |  |  |  |
| j. Other *(please describe)*: | | | |

21 Are one-on-one encounters permitted with clients? 🞎 Yes 🞎 No

If **Yes**, please explain when these situations occur and how the interactions are monitored \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please use a separate sheet of paper if necessary)

22 Do any of those listed in question 13 above ever have children at their 🞎 Yes 🞎 No

home or ever spend time at the home of children?

If **Yes**, please explain when these situations occur and how such situation is monitored­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_

(Please use a separate sheet of paper if necessary)

23 Does the Organization ever sponsor ‘events’ (including overnight events)? 🞎 Yes 🞎 No

If **Yes**, please provide details of events that are sponsored including the normal ratio of children to

‘safe’ adult on such sponsored events

(Please use a separate sheet of paper if necessary)

24 Does central administration establish, monitor, and enforce policies and procedures across all locations?

🞎 Yes 🞎 No

If **No**, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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25 Are items below included in the written policies for all those listed in question 13 above?

**Yes No**

🞎 🞎 A zero tolerance statement for sexual abuse perpetrated on children or other

vulnerable persons in the applicant's care.

🞎 🞎 A written policy that defines appropriate and inappropriate displays of

affections.

🞎 🞎 A written procedure for governing the interactions between those

listed in question 13 above and children or other vulnerable persons in your care outside of regular program activities.

🞎 🞎 A written procedure for managing the risk when those listed

in question 13 above is alone with a lone child or other vulnerable

person.

**Loss History**

26 Please furnish the past ten years’ first dollar loss history for all sexual misconduct claims.

None See attached

**Period # Claims # of Claims Total Paid Total Paid Total Reserved Total Incurred**

**Paid Loss Expenses Losses Expenses**

From \_\_\_/\_\_\_ to \_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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**Please complete the Beazley Safeguard claims supplement for any sexual misconduct claim.**

27 Is the applicant aware of any facts, incidents, circumstances, or allegations that 🞎 Yes 🞎 No

may result in claims being made against you?

(If **Yes**, please provide details on a separate sheet of paper)

28 Has the applicant or any person listed in question 13 above currently seeking 🞎 Yes 🞎 No

coverage been involved in an allegation or claim relating to sexual abuse or been

transferred in or out of your school, parish/diocese, branch or corporate location

because they were involved, suspected, or a complaint was made regarding an

allegation of sexual misconduct?

(If **Yes**, please provide details on a separate sheet of paper)

29 In the past 10 years, have any person listed in question 13 above or officers been 🞎 Yes 🞎 No

terminated for cause related to sexually abusive behavior?

(If **Yes**, please provide details on a separate sheet of paper)

**Claims Handling**

30 How do you handle allegations of sexual abuse or molestation?

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

date applicant's authorized signature of a principal, partner or officer title

date applicant's authorized signature of the individual in charge of title

the human resources or personnel department

|  |
| --- |
| **Any person who, with intent to defraud or knowing that he 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.** |