

| 4. GROSS REVENUES | | | | |
|---|--|--|----------------------------------|---|
| | Current Fiscal Year ending / (current projected) | Last Fiscal Year ending / | Two Fiscal Years ago ending / | |
| Total gross revenues | \$ | \$ | \$ | |
| 5. STAFF BREAKDOWN | | | | |
| a. Total staff count: | | | | |
| b. Total staff with client contact: | | | | |
| c. Please provide a breakdown of staff count below: | | | | |
| | Total number (annual) | % Male | % Female | Client Contact? |
| Full time employees | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Part time employees | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Clergy | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Teachers | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Volunteers | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Independent Contractors | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. If you included independent contractors in the staff count above, are such independent contractors dedicated agents or representatives of the Applicant? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e. Annual turnover rate: | | | | |
| 6. SERVICES AND LOCATIONS (If Applicant has operations in multiple cities or states, please attach a list of locations) | | | | |
| | | Client Exposure Units (<input type="checkbox"/> Annual or <input type="checkbox"/> # of Months _____) | | |
| # of Locations | Type of Service | Youth Count | Youth Age Range | Adult Count |
| | School – Religious | | | |
| | School – Public | | | |
| | School – Private, elementary | | | |
| | School – Private, secondary | | | |
| | YMCA | | | |
| | Overnight Camp | | | |
| | Day Camp | | | |
| | Church | | | |
| | Parish | | | |
| | Sunday School | | | |
| | Mentoring Program | | | |
| | Janitorial contractor | | | |
| | Bus transportation | | | |
| | Construction worker | | | |
| | Cafeteria food service vendor | | | |
| | Airport cargo transportation | | | |
| | Medical Clinic | | | |
| | Other (describe): _____ | | | |
| Total # of Locations: | | Total Youth Count: | | Total Adult Count: |
| | | | | |

7. LOSS PREVENTION EFFORTS

Check all loss prevention methods used by the Applicant in the screening and hiring of employees, volunteers and independent contractors. Please attach a copy of any items in bold.

| Loss Prevention Methods | Employees | Volunteers | Independent Contractors |
|---|--|--|--|
| a. Standard Application | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Code of Conduct | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Interview | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In-person interview | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Standard list of interview questions | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavioral interviewing techniques | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Interview by more than one person | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Reference Checks | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Standard questions for references | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Criminal background check | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. National Abuse registry check (required upon binding) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Checklist of indicators that may indicate increased risk of abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Other (describe): _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

8. CLAIM HISTORY AND RISK MANAGEMENT

a. Please furnish the past five years' first dollar loss history for all sexual misconduct claims.

| Period | # Claims Reserved | # of Claims Paid | Total Paid Loss | Total Reserved Losses | Total Reserved Expenses |
|-------------------------|-------------------|------------------|-----------------|-----------------------|-------------------------|
| From ___/___ to ___/___ | | | | | |
| From ___/___ to ___/___ | | | | | |
| From ___/___ to ___/___ | | | | | |
| From ___/___ to ___/___ | | | | | |
| From ___/___ to ___/___ | | | | | |

Please complete a Claim Supplemental Form for each sexual misconduct claim described in question 8.a.

| | |
|---|--|
| <p>b. After complete investigation and inquiry, does the Applicant, any principal, partner, director, officer or employee thereof, or any other person proposed for this coverage have knowledge of any act, fact, situation, incident, circumstance or allegation of abuse, molestation or sexual misconduct that is or could be the basis for a claim under the proposed insurance policy?</p> <p>If "YES", please complete a Claim Supplemental Form for each incident/allegation, and report knowledge of all such incidents/allegations to your current carrier prior to your current policy expiration.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>c. Has the Applicant or any employee or volunteer proposed for this coverage been involved in an allegation or claim relating to abuse (sexual or non-sexual) or molestation?</p> <p>If "YES", please complete a Claim Supplemental Form for each claim/incident.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>d. Does the Applicant have a policy in place where employees accused of abuse (sexual or non-sexual) or molestation are removed from client care responsibilities pending the outcome of an investigation?</p> <p>If "NO", please advise what occurs:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>e. Does the organization have a written policy prohibiting any person accused of abuse or molestation from working alone with a client?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| <p>f. Does the Applicant sponsor or participate in overnight activities or events? For overnight activities, please describe the steps taken to ensure that client-to-client contact is avoided (e.g., separating male sleeping quarters from female sleeping quarters):</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>g. List situations where an employee or volunteer has direct contact with clients in an unsupervised setting (i.e., without oversight from another staff member). Please list on a separate sheet of paper should additional space be needed.</p> | |
| <p>h. Are staff members, other than employees, directly supervised by an employee when interacting with children or vulnerable adults? If “NO”, please explain when these situations occur and how the interactions are monitored:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>i. Do staff members ever have children at their home?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>j. Do staff members ever spend time at the home of any child?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>k. If transportation is provided, is there more than one adult present at all times?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>l. Are staff members required to complete annual abuse prevention training?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>m. Does the Applicant have a central administration to establish, monitor and enforce policies and procedures across all its locations? If “NO”, please explain:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>n. Are the items described below included in the Applicant's operations handbook or written policies/procedures:</p> <ol style="list-style-type: none"> 1. a zero-tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the Applicant's care? (If “YES”, please attach a copy) 2. a written policy that defines appropriate and inappropriate displays of affection? (If “YES”, please attach a copy) 3. a written procedure for governing the interactions between employees/volunteers and children or other vulnerable persons in your care outside of regular program activities? (If “YES”, please attach a copy) 4. a written procedure for managing the risk when one employee/volunteer is alone with a child or other vulnerable person? (If “YES”, please attach a copy) | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| <p>o. Does senior management review and approve in writing any new policies and procedures referenced in question 8.n. above?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>p. Has any member of the Applicant's staff been transferred in or out of any of your programs, schools, parishes/dioceses, branches or corporate locations because they were involved in or suspected of sexual misconduct, or had allegations of sexual misconduct lodged against them? If “YES”, please complete a Claim Supplemental Form for each claim/incident.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>q. In the past 10 years, has any member of the Applicant's staff been terminated for cause due to allegations of abuse (sexual or otherwise)? If “YES”, please complete a Claim Supplemental Form for each claim/incident.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>9. COMPLAINTS PROCEDURES</p> | |
| <p>a. Does the Applicant have a written procedure to allow victims to report abuse (sexual or otherwise)? If “YES”, please explain.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| b. Does the Applicant have a written procedure for responding to reports of suspicious or inappropriate behavior, including allegations of abuse? If "YES", please attach a copy. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does the Applicant have a designated investigator with specialized training who is charged with handling all internal sexual misconduct investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Does the Applicant use a standardized incident report form across all locations and programs? If "YES", please attach a copy. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. INSURANCE HISTORY

a. List prior Sexual Misconduct/Abuse/Molestation Insurance Coverage the Applicant has held for the last five years. List the most recent insurance first.

| Period | Claims Made or Occurrence | Insurer | Premium | Limit | SIR |
|-------------------------|---------------------------|---------|---------|-------|-----|
| From ___/___ to ___/___ | | | | | |
| From ___/___ to ___/___ | | | | | |
| From ___/___ to ___/___ | | | | | |
| From ___/___ to ___/___ | | | | | |
| From ___/___ to ___/___ | | | | | |

| | |
|--|--|
| b. Has the Applicant ever been canceled, declined, or non-renewed for this type of coverage? (If "YES", please identify the insurer and explain the reason for non-renewal or cancellation on a separate sheet of paper.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy, nor will coverage apply to any claim or circumstance identified or that should have been identified in this application.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.

CERTIFICATION AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a Sexual Misconduct and Molestation Liability Insurance risk have been revealed.

It is understood that this application shall form the basis of the contract should the Underwriter approve coverage and should the Applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.

This application shall be deemed attached to and form a part of the Policy should coverage be bound.

Must be signed by an Officer of the company.

| | |
|--------------------------------|--------------------------|
| Print or Type Applicant's Name | Title of Applicant |
| Signature of Applicant | Date Signed by Applicant |