



## 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: \_\_\_\_\_

3 Person to Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

4 Years in Operation: \_\_\_\_\_

5 Description of Service: \_\_\_\_\_  
\_\_\_\_\_

6 Industry:

Education     Transportation     Non-profit     Healthcare     Religious     Other

Please complete Industry supplement if any industry except "Other."

7 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 or planning to do so in the future or has there been any significant change in the operations or scale of the organization?       Yes       No

If **Yes**, please provide full details \_\_\_\_\_  
\_\_\_\_\_

(Please use a separate sheet of paper if necessary)

9 Reason coverage is requested: \_\_\_\_\_

### Past coverage

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

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

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

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

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

11 Retroactive date: \_\_\_\_\_

12 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**

13 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
All employees with client contact				
All employees without client contact				
<b>Totals</b>				

14 Annual Turnover Rate: \_\_\_\_\_

15 Historical headcount for the past 5 years (all staff from question 13)  
 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_

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

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**Client details**

17 Total number of individual clients/patients/students/members served annually: \_\_\_\_\_

18 Percentage of the above that are disabled/handicapped/at risk : \_\_\_\_\_

19 Please breakdown clients served annually (%):

0-10: _____ %	11-18: _____ %	19-65: _____ %	65+: _____ %
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**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 home or ever spend time at the home of children?  Yes  No

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 \_\_\_\_\_

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 Paid	# of Claims Loss	Total Paid Expenses	Total Paid Losses	Total Reserved Expenses	Total Incurred
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____

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

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

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

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

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

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

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

**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 may result in claims being made against you?  Yes  No  
 (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 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?  Yes  No  
 (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 terminated for cause related to sexually abusive behavior?  Yes  No  
 (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 the human resources or personnel department                      \_\_\_\_\_ title

**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.**