



## Safeguard New Business Application

**Instructions:** Please answer all questions. If the answer to any question is NONE, 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):

--	--	--	--	--

**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+:
-------	--------	--------	------

**Loss Prevention Efforts**

20 Check which of the following methods are used in the screening and hiring process for all listed in question 9 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  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 6 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 6 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 Reserved
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  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 the human resources or personnel department	title

**SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE

INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

I UNDERSTAND AND AGREE THESE INVESTIGATIONS SHALL NOT BE CONFINED TO INFORMATION SUBMITTED IN THIS APPLICATION, BUT SHALL INCLUDE ANY OTHER SOURCES OF INFORMATION DEEMED RELEVANT BY THE COMPANY AS MAY BE AUTHORIZED BY LAW.

APPLICANT AND ALL OWNERS, EMPLOYEES, AND CONTRACTORS ARE LICENSED OR DULY AUTHORIZED IN ALL STATES OR JURISDICTIONS WHERE PROFESSIONAL SERVICES ARE PROVIDED. APPLICANT ATTESTS TO THE TRUTH OF ALL ANSWERS TO THE ABOVE QUESTIONS, AND THAT APPLICANT HAS NOT WITHHELD ANY INFORMATION WHICH IS CALCULATED TO INFLUENCE THE JUDGMENT OF THE INSURANCE COMPANY IN CONSIDERING THIS APPLICATION.

#### **FRAUD WARNING DISCLOSURE**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE

FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Owner, Partner, Authorized Officer)