



Sexual Misconduct and Molestation Liability Insurance Renewal 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: _____ E-mail: _____
- 3 Person to Contact: _____
- 4 Type of Operation: Individual Partnership Corporation
 Joint Venture Other: _____
- 5 Employees, Clergy, Teachers, Substitute Teachers, Coaches, Counsellors, Independent Contractors, Sub Contractors, Volunteers and Other:

	Total number (annual)	Average number (daily)	% Male	% Female
a) Full time employees				
b) Part time employees				
Please do not include c) through k) in a) or b) above				
c) Diocesan Priests:				
i) Active in Diocese				
ii) Active outside Diocese				
iii) Retired, Sick or Absent				
d) Religious Priests				
e) Teachers				
f) Substitute teachers				
g) Coaches				
h) Counsellors				
i) Independent Contractors				
j) Sub Contractors				
k) Volunteers (only those working with/supervising Youths)				
l) Other - please detail on a separate sheet				
Totals				

6 Coverage Desired: _____ Limit of Liability: _____ Desired Retention: _____

7 If any of the loss prevention practices declared in your last application form have changed since the inception of your current policy, please furnish all new information, as applicable.

8 **Services / Locations:**

(If the services operate in multiple cities or states please attach a list that shows where all services operate.)

Number of Locations	Types of Services % of Total	Exposure Units (Annual <input type="checkbox"/> Or Other <input type="checkbox"/> # of Months _____)		
		Number of Youth	Age Range	Number of Adults
	Schools - Religious			
	Schools - Public			
	Schools - Private, Elementary			
	Schools - Private, Secondary			
	YMCA			
	Community Service Organization			
	Overnight Camps			
	Day Camps			
	Child Care Centers			
	Churches / Parishes			
	Sunday Schools			
	Mentoring Programs			
	Counseling Services			
	Residential Treatment Centers			
	Group Homes			
	Foster Care Services			
	In-Home Social Services			
	Drop in / Recreation Centers			
	Hospitals			
	Nursing Homes			
	Home Health Care			
	Assisted Living			
	Other (describe)			
	Totals			

9. Has the applicant knowledge of any Claims that have not been reported to Underwriters or Underwriters' representatives? Yes No

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
_____	_____	_____
date	applicant's authorized signature of the risk management officer or loss control officer	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.