



Sexual Misconduct and Molestation Liability Insurance Renewal Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for Sexual Misconduct and Molestation Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly, and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications.

1. GENERAL INFORMATION				
Name of Applicant				
List all branch/office locations on a separate page.				
Street address		Phone		
City, State, Zip		Contact e-mail		
Website		Date established		
2. FORM OF BUSINESS				
Applicant is a(an):				
a. <input type="checkbox"/> Individual proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint venture <input type="checkbox"/> Public agency <input type="checkbox"/> Non-profit corporation <input type="checkbox"/> For profit corporation <input type="checkbox"/> Other (Describe): _____				
b. <input type="checkbox"/> Residential care facility/institution/agency <input type="checkbox"/> Custodial facility/institution/agency <input type="checkbox"/> Educational facility/institution/agency <input type="checkbox"/> Religious organization/institution/agency Affiliation: _____ <input type="checkbox"/> Other (Describe): _____				
c. Description of operations:				
3. GROSS REVENUES				
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	Two Fiscal Years ago ending /	
Total gross revenues	\$	\$	\$	
4. 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? Yes No N/A

e. Annual turnover rate: _____

5. 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 _____)		
Number 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:

6. LOSS PREVENTION EFFORTS

Have any of the loss prevention practices declared in your last application for this insurance changed since the effective date of your current policy? Yes No

If “YES”, please provide complete details on a separate sheet of paper.

7. CLAIM HISTORY

a. After complete investigation and inquiry, is the Applicant or anyone to whom this insurance will apply aware of any facts incidents, circumstances or allegations relating to abuse (sexual or otherwise) or molestation that has occurred in the past 12 months? Yes No

If “YES”, please complete a Claim Supplemental Form for each incident/allegation.

<p>b. After complete investigation and inquiry, has the Applicant or anyone to whom this insurance will apply received notice of any claims, suits or demands relating to abuse (sexual or otherwise) or molestation in the past 12 months?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Has the Applicant notified Tokio Marine HCC of all claims, suits or demands received in the past 12 months? If "NO", please forward complete details to Tokio Marine HCC immediately.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None to Report

NOTICE TO APPLICANT

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