

ABUSE AND MOLESTATION QUESTIONNAIRE

lam	e of organization:	FEIN:							
Vebsite address:		If you do not have a website, attach brochure and detailed description					of daily acti	ivities of organization	
1. 2.	,	h age range:	NA	0-5	6-14	15-18	19-62	63-75	76-85+
	a. Have any claims been filed or allegations of abus behalf of your organization?	e been made	against	your orgar	nization or ar	nyone workin	g on YES	NO	
	b. Are you aware of any occurrences that could lead If YES to either of the above, explain:	d to a claim?					YES	NO	
3.	Does your organization have written policies that require	known or sus	spected	abuse incid	dents be repo	orted to prop	er authorities	? YES	NO
4. Does your organization require at least 2 employees or v and volunteers from being alone with clients? If NO to above, explain		olunteers to	be with	clients at a	all times, pro	hibiting all e	mployees	YES	NO

5. Indicate all employee and volunteer screening controls used by your organization:

Provide the following information:			EES (NO EMPLOYEES)	VOLUNTEERS (NO VOLUNTEERS		
a.	Written applications required	YES	NO	YES	NO	
b.	Picture ID required	YES	NO	YES	NO	
c.	Personal interviews conducted	YES	NO	YES	NO	
d.	Personal references checked	YES	NO	YES	NO	
e.	At least 5 years of employment history verified	YES	NO	YES	NO	
f.	Education of professionals verified	YES	NO	YES	NO	
g.	Licensing/certification of professionals verified	YES	NO	YES	NO	

Explain any NO responses:

6. Indicate all background checks which are conducted:

Provide the following information:			YEES (NO EMPLOYEES) VOLUNTEERS (NO VOLUNTEERS		
a.	Background checks conducted	YES	NO	YES	NO	
b.	Name check - local level	YES	NO	YES	NO	
c.	Name check - state level	YES	NO	YES	NO	
d.	Name check - national level (e.g. using online vendor services)	YES	NO	YES	NO	
e.	State level 10-digit fingerprint check	YES	NO	YES	NO	
f.	FBI fingerprint check	YES	NO	YES	NO	
g.	FBI fingerprint check - other criteria - describe:					
h.	Description of other screening methods:					



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7.	Are all controls indicated in 5 and 6 above complete prior to: a. Hiring employee or accepting volunteer?	YES	NO
	b. Employee or volunteer contact with client?	YES	NO
	Explain any NO responses:		
8.	Do applications contain a notice that a criminal background check may be run on all candidates? If YES, does the application advise applicant that they be rejected or terminated based on unacceptable	YES	NO
	Background check?	YES	NO
9.	How long are employee and volunteer records, including record of background checks retained?		
	Number of years:		
	Permanently?		

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents the true statement of facts.

Date	Applicant		
	Federal Employer I.	.D. No.	
	Ву		
	Title		
Agent/Broker			
Address			
Contact		Phone Number	

FRAUD WARNING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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 any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.