



## ABUSE AND MOLESTATION QUESTIONNAIRE

Name of organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

Website address: \_\_\_\_\_ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

1. Indicate number of clients, students or members in each age range: NA 0-5 6-14 15-18 19-62 63-75 76-85+

2. With respect to abuse,

a. Have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization? YES NO

b. Are you aware of any occurrences that could lead to a claim? YES NO

If YES to either of the above, explain:

3. Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities? YES NO

4. Does your organization require at least 2 employees or volunteers to be with clients at all times, prohibiting all employees and volunteers from being alone with clients? YES NO

If NO to above, explain

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

Provide the following information:	EMPLOYEES ( 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:	EMPLOYEES ( 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?                           | YES | NO |
|    | If YES, does the application advise applicant that they be rejected or terminated based on unacceptable 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. \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Agent/Broker \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

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## **PRIVACY NOTICE**

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Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for Insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

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## **FRAUD WARNING**

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### **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 CA**

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **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.**