

Sexual Abuse or Sexual Molestation Liability Coverage Request Supplemental Questionnaire

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Remit completed questionnaire with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

Named insured (as it appears on your certificate of insurance): _____

Policy number (as it appears on your certificate of insurance): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

DATES

Coverage will begin the day after coverage is bound or on a later date you specify below. Coverage will expire on the same day as your RPG commercial general liability program coverage. (If renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: _____ / _____ / _____

BUSINESS INFORMATION

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers, or independent contractors? Yes No

The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.

2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No

If yes, please explain: _____

3. Are you aware of any occurrences that could lead to a claim? Yes No

If yes please explain: _____

4. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No

a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No

b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? Yes No

c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No

**Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent : John Sadler
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Sadler & Company of SC, Inc. - AR (License #254179) D/B/A Sadler Insurance Agency - CA (License #0B57651 John Sadler Insurance Services - MA Sadler Agency - NY (PC - 532473 and LA - 532473) / Sadler Insurance Agency - OK / Sadler & Company, Inc. - TX (License #194495) Sadler and Company - VT (License #577)

5. Please complete the following questions regarding employee, volunteer, or independent contractors screening controls used by your organization.

Check here and skip the chart below if you have no employees, volunteers, or independent contractors

Please Complete All Questions The term "Volunteers/Independent contractors" in the following questions means someone, including parent volunteers, who exert control over or supervises participants.	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent Contractors* (Check Here if No Volunteers/Independent Contractors <input type="radio"/>)
Are employment/volunteer applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any NO responses: _____

Information and resources applicable to preventing, responding to and treating Sexual Abuse and Molestation can be found at www.CDC.gov

Submit completed questionnaire to us. Upon receipt we will review and, if accepted, will provide you with a quotation. Premium payment is needed in order to bind coverage.

- E-mail sport3@sadlersports.com
- Fax 1-803-256-4017
- Mail Sadler & Company Inc.
PO Box 5866
Columbia, SC 29250

Warranty and Disclosure Statement: I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. We reserve the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant business/event name): _____

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____