



# SEXUAL ABUSE & MOLESTATION SUPPLEMENTAL APPLICATION

P.O. Box 2009, Glen Allen, VA 23058-2009  
(800) 431-1270 Fax (804) 527-7966

NAMED INSURED: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

1. Are employees (paid and volunteer) required to complete an employment application?  Yes  No **If no, please explain:** \_\_\_\_\_  
\_\_\_\_\_
  
2. Are criminal investigations conducted on all employees (paid and volunteer) before hiring?  Yes  No
  
3. Which of the following do you use to do background checks on your employees & volunteers?  County criminal record search  
 State criminal record search     National criminal index search     State prison search     Federal prison search  
 Sex offender search     Criminal index search     Nationwide U.S. Wants & Warrants search  
 Teacher license     Education verification     FBI
  
4. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses?  Yes  No
  
5. At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her?  Yes  No
  - Do you require mandatory training for all employees each year about these subjects?  Yes  No
  
6. Do you verify employment references?  Yes  No    Do you conduct a person interview?  Yes  No
  
7. Have you had an incident which resulted in an allegation of sexual abuse?  Yes  No    **If yes, please describe details on a separate sheet of paper.**
  
8. Do you have a written policy addressing abuse and individual contact that may occur between children and volunteers or staff?  Yes  No
  
9. Do you have guidelines that prohibit the use of corporal punishment?  Yes  No
  
10. Do your rules and guidelines include listing all staff responsibilities for all activities including on and off-premises activities?  Yes  No

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** 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 have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of

your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_