



# ABUSE AND MOLESTATION LIABILITY QUESTIONNAIRE

Applicant Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_

- Please attach to an ACORD Application
- Please provide a copy of your organization’s brochure or services material

### Applicant Information

1. Years of operation \_\_\_\_\_
2. Name of current Executive Director or Operations Manager \_\_\_\_\_  
How many years have they held this position? \_\_\_\_\_
3. Web site \_\_\_\_\_
4. Please provide the total number of full time (including owners and officers) employees \_\_\_\_\_  
Total number of part time employees \_\_\_\_\_

### Operations Information

5. Please describe your operations \_\_\_\_\_  
\_\_\_\_\_
6. Who are your primary clients? \_\_\_\_\_
7. Please provide the number of clients you have in each age group below:  
Under 18 \_\_\_\_\_ 18 to 65 \_\_\_\_\_ Over 65 \_\_\_\_\_
8. Do you provide any treatment or services for convicted sexual offenders?  Yes  No
9. Is this facility licensed by the State?  Yes  No  
*If yes, please attach a copy of the State license and the most recent State Inspection.*
10. Prior to employment or service, do you perform background checks, including abuse or molestation offenses, on all employees and volunteers?  Yes  No
11. How often do you run background checks on existing employees and volunteers? \_\_\_\_\_
12. Do you ever allow any of your workers to be alone, one-on-one with a child?  Yes  No

### Safety Information

13. At the time of orientation, do you discuss and provide literature on how to recognize the signs of abuse and what to do if an allegation of abuse is made?  Yes  No
14. Do you have a written incident reporting procedure?  Yes  No  
If yes, please provide details \_\_\_\_\_

### Loss History

15. Has there ever been an allegation of abuse or molestation made against your organization or any of its members?  
 Yes  No If yes, please explain \_\_\_\_\_
16. Are you aware of any incident that could give rise to an allegation of abuse or molestation?  Yes  No  
If yes, please explain \_\_\_\_\_

**The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent’s Signature

\_\_\_\_\_  
Date