



4600 Cox Road, Glen Allen, VA 23060
(800) 431-1270 Fax (804) 527-7966

Abuse & Molestation Supplemental Application

NAMED INSURED: _____

Mailing Address: _____

1. Are employees (paid and volunteer) required to complete an employment application? Yes No

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?

<input type="checkbox"/> County criminal record search	<input type="checkbox"/> State criminal record search	<input type="checkbox"/> National criminal index search
<input type="checkbox"/> State prison search	<input type="checkbox"/> Federal prison search	<input type="checkbox"/> Sex offender search
<input type="checkbox"/> Criminal index search	<input type="checkbox"/> Nationwide U.S. Wants & Warrants search	
<input type="checkbox"/> Teacher license	<input type="checkbox"/> Education verification	<input type="checkbox"/> 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

7. Do you conduct a person interview? Yes No

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

11. Have you had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes, please describe details: _____

Agent's Signature/Date _____ Insured's Signature/Date _____