

ABUSE AND MOLESTATION APPLICATION

BROKER INFORMATION

Broker/Agency Name:	
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GENERAL APPLICANT INFORMATION

Business Name:	
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POLICY INFORMATION *(Only complete if abuse coverage was a separate policy than your package or general liability)*

Effective Date:	Expiration Date:	Quote Need By Date:		
Previous Insurance Carrier:	Have coverages ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:			
Policy Term:	Year:	Year:	Year:	Year:
Coverage/Limits:				
Annual Premium:				

LOSS EXPERIENCE

*Incurred Losses /Claims: Please attach company loss runs including specific details of all claims and the disposition of each.	
Are you aware of any circumstances currently existing or threatened that may possibly result in a claim under this insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

*Please provide hard copy loss runs with description of all individual claims or reserves.

UNDERWRITING INFORMATION

Employment Practices: Hiring & Screening	EMPLOYEES	VOLUNTEERS			
Do you have written procedures for screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you require employment applications or questionnaires for all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do the employment applications or volunteer questionnaires ask about past accusations or convictions including sex related offenses or child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you check credentials and qualifications for employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you check prior employment and personal references?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you conduct personal interviews with each candidate for employment or volunteer opportunity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you secure background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please identify all background checks that are obtained:	<input type="checkbox"/> County Criminal	<input type="checkbox"/> State Criminal	<input type="checkbox"/> Federal Criminal	<input type="checkbox"/> SSN Verification	<input type="checkbox"/> Nationwide Sex Offender Registry
Please provide a detailed explanation for all No answers above:					



Employment Practices: Policies and Procedures					
Do you have written policies and procedures for the prevention of abuse and handling of allegations?		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide detailed explanation:			
How is the information transmitted to employees and volunteers? i.e. employee/volunteer handbook, orientation training, formal training, etc.					
Are records kept or files documented on the training?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please describe your incident reporting procedures:					
Business Operations:					
Do you have any custodial responsibilities for minors?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide detailed explanation:			
How do you supervise employees/volunteers while they are engaged in the custody minors?					
Does your organization have any of the following exposures for minors:					
<input type="checkbox"/> Overnight travel	<input type="checkbox"/> Overnight accommodations	<input type="checkbox"/> Campgrounds	<input type="checkbox"/> Daycare	<input type="checkbox"/> Personal care of minors i.e. bathing, changing clothes, toileting	<input type="checkbox"/> Other:
Please indicate the age range of minors in your care or supervision:					
Do you require any contractors that have care or supervision over minors in your operation to carry abuse and molestation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the required limits:					



Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. Copy of policies and procedures for abuse and molestation	
2. Detailed listing of all allegations and convictions for abuse and molestation	
3. 5 Year Hard Copy Loss Runs – currently valued	

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND ESTIMATES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____

FRAUD STATEMENTS

GENERAL STATEMENT

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 civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. ** Applies in NM only.

APPLICABLE IN COLORADO

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 THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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 KENTUCKY, NEW YORK, AND PENNSYLVANIA

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 and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

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.

TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY

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 OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

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 PUERTO RICO

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.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.