



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	<input type="checkbox"/> I am a new account <input type="checkbox"/> I am renewing my coverage
	Named insured (as it should appear on the policy): _____ (the legal name of the business or organization; typically the name that would appear on any contracts or agreements)
	Doing business as (DBA): _____ (additional name(s) under which the named insured operates)
	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 K&K RPG commercial general liability program coverage. (If renewing coverage, please provide the expiration date of your current policy).
	<input type="checkbox"/> 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 require the presence of at least two adults when minors are present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Are you aware of any occurrences that could lead to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to 2. or 2.a., please explain: _____	
	3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Do the written procedures establish and require adherence to the "three person rule"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities?	

BUSINESS INFORMATION CONTINUED

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.

Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.

Please Complete All Questions	Employees (Check Here if No Employees <input type="checkbox"/>)	Volunteers (Check Here if No Volunteers <input type="checkbox"/>)
<p>Are written applications required?</p> <p>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?</p> <p>If yes and applicant checks yes, do you reject the applicant?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are background checks provided by a third party vendor/service?</p> <p>If yes, do you reject an applicant with any history of physical violence or sex related offenses?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Please explain any NO responses: _____

MAILING INSTRUCTIONS

Submit completed questionnaire to K&K. 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 KK_MassMerchandising@kandkinsurance.com
- Fax 1-260-459-5995
- Mail

Regular: K&K Insurance Group, Inc.
MM RPG Programs
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
MM RPG Programs
1712 Magnavox Way
Fort Wayne, IN 46804