



**PUBLIC SECTOR
ABUSE OR MOLESTATION COVERAGE
ADDITIONAL INFORMATION REQUEST**

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Proposed First Named Insured And Other Named Insureds: | |
| Operating As: <input type="checkbox"/> Municipality <input type="checkbox"/> County/Parish <input type="checkbox"/> Transit <input type="checkbox"/> School <input type="checkbox"/> Other: _____ | |
| Proposed Effective Date (mm/dd/yyyy): | Proposed Expiration Date (mm/dd/yyyy): |

COVERAGE INFORMATION

*(Select requested **primary** limits combination for Limited Abuse Or Molestation Liability Coverage; limits are shown as Each Abuse or Molestation Offense/Aggregate)*

| | | |
|----------------------------------------------|--------------------------------------------------|---------------------------------|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$250,000/\$250,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | |

CUSTODIAL OPERATIONS

(Check all operations that apply)

| | | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ambulance Service | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Camp/Day Care | <input type="checkbox"/> Health Department | <input type="checkbox"/> Transit |
| <input type="checkbox"/> Community/Senior Centers | <input type="checkbox"/> Jail/Detention Facilities including Juvenile and Holding Cells | <input type="checkbox"/> Youth Sports & Recreation Programs with employee supervised activities (under 18) |
| <input type="checkbox"/> Convalescent Home/Nursing Home | <input type="checkbox"/> Library with employee supervised activities with minors | <input type="checkbox"/> Schools K-12 |

ADDITIONAL QUESTIONS

(Answer only if applicable to your operations)

Camps:

| | |
|-----------------------------------------------------------------|----------------------------------------------------|
| Type of camp: _____ | Number of days camp is operational annually: _____ |
| Number of camp locations: _____ | Number of attendees: _____ |
| <input type="checkbox"/> Day <input type="checkbox"/> Overnight | |

Day Care:

| |
|---------------------------------------------------------------|
| Number of attendees: _____ |
| <input type="checkbox"/> Adult <input type="checkbox"/> Child |

Schools K-12:

| | |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Number of students: _____ | Overnight students: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of overnight students: _____ |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------|

Youth Sports and Recreation Programs:

Number of registrants: _____

Municipal or Public Transit/City Bus Systems:

| | |
|------------------------|-------------------------------------------------------------------------------------------|
| Number of buses: _____ | Percent of Demand Response Transportation (e.g.: non-scheduled or "as requested"): _____% |
|------------------------|-------------------------------------------------------------------------------------------|

EMPLOYEE/VOLUNTEER ACTIVITIES

What activities do your employees/volunteers/subcontractors assist with?

| | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Bathing, toileting, changing clothes, other personal activities | <input type="checkbox"/> Chaperoning or Field Trips |
| <input type="checkbox"/> Reading or other group engagement | <input type="checkbox"/> Teacher's Helper |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other (describe): _____ | |

HIRING OR SELECTION PROCEDURES AND BACKGROUND CHECKS

| | Employees | Volunteers Used: <input type="checkbox"/> Y <input type="checkbox"/> N | Independent/ Subcontractors Used: <input type="checkbox"/> Y <input type="checkbox"/> N |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Written Application required | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Applications require applicant signature and include a warning regarding untruthful answers being grounds for non-employment or dismissal | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Applications include questions regarding prior abuse or molestation allegations, incidents, convictions or pleading of guilty/"no contest" | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Application includes acknowledgement that a background check may be conducted | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reference checks performed | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Qualification/credential checks on all professional staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Applicants with prior abuse or molestation allegations are turned down | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Background Checks performed on all existing employees/volunteers <i>Does not apply to volunteers who activities are occasional or infrequent</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Local | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Federal | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Background checks performed as a hiring requirement for new employees/volunteers | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Local | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Federal | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

How often are follow-up background checks completed?

| | | | |
|-----------------------|------------------------------------|----------------------------------------------------|-----------------------------------------------------------------|
| Never | <input type="checkbox"/> Employees | <input type="checkbox"/> Volunteers <i>If used</i> | <input type="checkbox"/> Independent Contractors <i>If used</i> |
| Annually | <input type="checkbox"/> Employees | <input type="checkbox"/> Volunteers <i>If used</i> | <input type="checkbox"/> Independent Contractors <i>If used</i> |
| Every 2 Years | <input type="checkbox"/> Employees | <input type="checkbox"/> Volunteers <i>If used</i> | <input type="checkbox"/> Independent Contractors <i>If used</i> |
| Every 3 Years | <input type="checkbox"/> Employees | <input type="checkbox"/> Volunteers <i>If used</i> | <input type="checkbox"/> Independent Contractors <i>If used</i> |
| Every 4 Years | <input type="checkbox"/> Employees | <input type="checkbox"/> Volunteers <i>If used</i> | <input type="checkbox"/> Independent Contractors <i>If used</i> |
| Every 5 Years or more | <input type="checkbox"/> Employees | <input type="checkbox"/> Volunteers <i>If used</i> | <input type="checkbox"/> Independent Contractors <i>If used</i> |

- If the frequency for ordering follow-up background checks differs between Local and Federal, provide details below:

- Who runs your background checks? _____
If a vendor is used, provide name and details: _____
- If volunteers are utilized, what percentage of your staff are volunteers? _____%
What percentage of volunteers are under the age of 18 (e.g. students)? _____%
Are letters of recommendation required for all volunteers under the age of 18?..... Yes No N/A
- If subcontractors are used for any custodial exposures, do you enforce that appropriate contractual risk transfer is in place including:
 - A copy of the indemnification/hold harmless/defense agreement in favor of our named insured?..... Yes No
 - Certificates of insurance with evidence of abuse or molestation coverage of at least \$1,000,000?.... Yes No
 - Our named insured is added as an additional insured on the third party's policy with abuse coverage in place?..... Yes No

LICENSING/REGULATORY REQUIREMENTS

- Is licensing required for your custodial operations?..... Yes No
If Yes, is your license current?..... Yes No
Has your license ever been suspended or revoked for an abuse or molestation related offense? (not applicable in Missouri) Yes No
- Do your custodial business operations meet or exceed all applicable state or federal regulatory requirements?..... Yes No
If No, explain: _____
- Has there ever been an abuse or molestation related investigation of your operations?..... Yes No
If Yes, explain: _____

PREVENTION OF ABUSE OR MOLESTATION

- Where do interactions with clients/students take place? (Check all that apply)

| | | |
|--------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Public Areas | <input type="checkbox"/> Private Offices | <input type="checkbox"/> Remote Locations/Foreign Travel Abroad Programs |
| <input type="checkbox"/> School Facilities | <input type="checkbox"/> Private Homes | <input type="checkbox"/> Camp Grounds |
| <input type="checkbox"/> Other (describe): _____ | | |

If Remote Locations/Foreign Travel Abroad Programs is selected, describe any client/student activities sponsored by you that take place outside of the United States: _____

2. Which of the following controls do you have in place to prevent the potential for abuse or molestation?
- Windowed rooms Windowed doors
 - Open viewing areas which prevent a single employee/volunteer from routinely being alone with a client/student AND out of view from other employees/volunteers
 - Two or more employees/volunteers are present with clients/students
 - A buddy system in place for children
3. Does your facility have security patrols or closed-circuit monitors of clients/student areas?..... Yes No
If Yes, are security patrols: Routine Periodic
4. Are appropriate measures taken to ensure third parties have limited access to children and others in your care, custody, and control unless reasonably necessary? This includes but is not limited to: janitorial, food service, maintenance, suppliers, vendors, visitors, customers, or other adults that may be on, or have access to your premises?..... Yes No
 When such interaction or access is necessary, is adequate supervision provided by those responsible?..... Yes No
5. What is the level of parent/family member involvement in your activities?
- Routine Ongoing Occasional Minimal
6. Do you have written policies and procedures for the prevention of abuse or molestation?..... Yes No
7. Does your written procedures manual:
- a. Outline your organization's commitment to child safety and the safety of any other persons in your custody?..... Yes No
 - b. Establish a child/victim group protection policy with assigned responsibilities and accountabilities? Yes No
 - c. Contain procedures for the immediate and proper handling of sexual or other abuse or molestation allegation?..... Yes No
 - d. Prohibit corporal punishment?..... Yes No
 - e. Require that written procedures are publicly displayed?..... Yes No
 - f. Indicate that anyone suspected of an abuse or molestation offense will be subject to civil or criminal prosecution to the fullest extent allowed by law?..... Yes No
 - g. Establish if and when exceptions to the "three-person rule" are permissible as part of your operations/activities?..... Yes No
 - h. Require prior establishment of those persons allowed to visit or pick up clients/students?..... Yes No
 - i. Enforce that transportation be done by two adults with strict time and routes in place?..... Yes No
 - j. Require that any overnight activities are clearly planned and approved by management (e.g. adequate number of pre-approved employees/volunteers and no single adult/child sleeping accommodations)?..... Yes No
- If No to any of the above, explain:* _____

| |
|---------------------------|
| TRAINING PRACTICES |
|---------------------------|

1. Do you conduct formal abuse or molestation training for clients/students and employees/volunteers?.... Yes No
If a vendor is used, provide vendor name and details: _____
2. Do your employee/volunteer training procedures:
- a. Have a documented orientation program in place that clearly indicates "zero tolerance" of any type of abuse or molestation to the child/victim group and outlines what action will be taken in the event of any abuse or molestation?..... Yes No
 - b. Include training in the recognition of abuse or molestation symptoms and include procedures to follow if anyone is suspected of such abuse or molestation?..... Yes No
 - c. Have periodic refresher training to support continuing education of abuse or molestation?..... Yes No

d. Keep documentation/records of training specific to the employee/volunteer?..... Yes No

If No to any of the above, explain:

COMPLAINT PROCEDURES

- 1. Is there a formal process for investigating complaints?..... Yes No
- 2. Have procedures been developed and publicized to employees/volunteers and parents/guardians for reporting and investigating alleged incidents or abuse or molestation?..... Yes No
- 3. Is complaint management and investigation assigned to any person(s)?..... Yes No
If Yes, how many people? _____
Has this individual(s) been adequately trained in these responsibilities?..... Yes No

INCIDENT AND CLAIM HISTORY

| <i>Date of Incident</i> | <i>Description</i> | <i>Line of Business</i> | <i>Loss Amount</i> | <i>Open/Closed</i> |
|-------------------------|--------------------|----------------------------------------------------------------------|--------------------|-------------------------------------------------------|
| | | <input type="checkbox"/> GL <input type="checkbox"/> Law Enforcement | | <input type="checkbox"/> O <input type="checkbox"/> C |
| | | <input type="checkbox"/> GL <input type="checkbox"/> Law Enforcement | | <input type="checkbox"/> O <input type="checkbox"/> C |

LAW ENFORCEMENT AND JAILS

Only complete if you have a Law Enforcement or Detention Center exposure.

Please detail any additional training, prevention or policies and procedures that apply to your Law Enforcement department and/or Jails/Detention Centers (including juvenile detention centers):

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS

ALABAMA: 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 restitution fines, and confinement in prison, or any combination thereof.

ARKANSAS, LOUISIANA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

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.

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.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 in Maine) include imprisonment, fines, and denial of insurance benefits.

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.

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he 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.

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.

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.

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 with the penalty of 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.

ALL OTHER STATES: 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.

SIGNATURES

Producer information only required in Florida and Iowa.

| | | |
|---------------------------------------------------|---------------------------------------------|----------------------|
| Authorized Representative Signature*: X | Authorized Representative Name – Printed: | Date (mm/dd/yyyy): |
| Producer Signature*: X | State Producer License No (required in FL): | Date (mm/dd/yyyy): |
| Agency: | Agency Contact: | Agency Phone Number: |

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other

device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance – Producer

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| ADDITIONAL INFORMATION |
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This area may be used to provide additional information to any question. Please reference the question number.