
Application for Sexual Abuse or Molestation Liability

12. Are procedures in place that more than one employee or volunteer is present at all times when a client is in your care? Yes No
13. Are services to clients subcontracted to others? Yes No
If yes, describe service: _____

14. Are governmental licenses of these organizations verified? Yes No
Are any other methods of screening subcontractors used? Yes No
If yes, please describe: _____

15. Are certificates of insurance required naming your organization as an additional insured? Yes No
Subcontractors insurance carriers: (Attach copies of the certificates.)
Name: _____
Limit: _____
16. Are your clients instructed to report possible instances of sexual misconduct or abuse? Yes No
17. Are know or suspected molestation or abuse incidents reported by your organization to proper police authorities? Yes No
Are employees advised of this procedure? Yes No
Unknown or suspected cases reported to date: _____

18. Have any claims concerning sexual abuse or misconduct been filed against you or your organization? Yes No
19. Are you aware of any occurrences which could lead to a claim concerning sexual abuse or misconduct? Yes No
If yes, please explain: _____

20. Have any public authorities investigated your operation relating to sexual abuse or misconduct? Yes No
21. Have any parents, guardians or other alleged sexual abuse in connection with your premises or operations? Yes No
If yes, please explain: _____

Signature: _____ Title: _____

Date: _____