/ SUPPLEMENTAL APPLICATION

Sexual Abuse & Molestation (SAM) Supplemental

Abuse-prevention controls for organizations serving vulnerable populations.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

NATURE OF OPERATIONS / POPULATION SERVED

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

EXPOSURE & POPULATION SERVED

PAID STAFF WITH DIRECT CLIENT CONTACT

VOLUNTEERS WITH DIRECT CLIENT CONTACT

INDEPENDENT CONTRACTORS / 1099 WITH CLIENT CONTACT

TOTAL # CLIENTS SERVED ANNUALLY

AVERAGE DAILY CLIENT CENSUS

AGES SERVED (RANGE)

YOUNGEST AGE SERVED

STAFF-TO-CLIENT SUPERVISION RATIO

HOURS OF OPERATION

OVERNIGHT / RESIDENTIAL CARE? (Y/N)

OFF-SITE / FIELD TRIPS? (Y/N)

Population served (check all that apply)

- ☐ Minors (under 18)
- ☐ Developmentally disabled
- ☐ Physically disabled
- ☐ Elderly / senior care
- ☐ Mentally ill / behavioral health
- ☐ Substance recovery
- ☐ At-risk / foster youth
- ☐ General adult public
- ☐ Incarcerated / detained

Setting / type of operation (check all that apply)

- ☐ School / daycare / preschool
- ☐ Camp (day)
- ☐ Camp (overnight / residential)
- ☐ Youth sports / coaching
- ☐ Religious / faith organization
- ☐ Group / foster home
- ☐ Healthcare / clinic
- ☐ Counseling / therapy
- ☐ Tutoring / mentoring
- ☐ Recreation / after-school
- ☐ Transportation of clients
- ☐ Home visits / in-home services
- ☐ Nursing / assisted living
- ☐ Social services / nonprofit

PRE-EMPLOYMENT & VOLUNTEER SCREENING

Indicate the screening performed for ALL persons (paid and volunteer) who have direct contact with the population served. A matrix follows for the controls applied to each category.

1. Does the employment application (for paid staff AND volunteers) ask about prior convictions for sex-related, abuse, or child-endangerment offenses? ☐ YES ☐ NO

2. Does the state in which the applicant operates permit criminal background investigations of staff and volunteers? ☐ YES ☐ NO

3. Are criminal background investigations routinely requested and received before contact with clients begins? ☐ YES ☐ NO

4. Are both state AND federal (nationwide / multi-state) criminal background checks performed? ☐ YES ☐ NO

5. Are sex-offender registry checks performed on every paid and volunteer worker? ☐ YES ☐ NO

6. Are employment references and prior employers contacted and documented? ☐ YES ☐ NO

7. Is a personal (in-person or video) interview conducted with every applicant? ☐ YES ☐ NO

8. Are background checks re-run on a recurring schedule for existing staff and long-term volunteers? ☐ YES ☐ NO

9. Is any worker allowed to begin client contact before screening is complete? ☐ YES ☐ NO

IF YES, EXPLAIN INTERIM SUPERVISION

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

Screening Matrix — mark Y / N for each control by personnel category

PERSONNEL CATEGORY	CRIMINAL BKGD (STATE)	CRIMINAL BKGD (FEDERAL)	SEX-OFFENDER REGISTRY	REFERENCE CHECK	PRIOR-EMPLOYER CHECK	PERSONAL INTERVIEW
Paid staff (client contact)						
Volunteers (client contact)						
Independent contractors						
Coaches / instructors						
Drivers / transportation						
Management / supervisors						

ABUSE-PREVENTION POLICY, TRAINING & SUPERVISION

DATE WRITTEN A&M PREVENTION POLICY ADOPTED

FREQUENCY OF STAFF ABUSE-PREVENTION TRAINING

WHO CONDUCTS THE TRAINING?

10. Is there a written sexual abuse & molestation prevention policy distributed to all staff and volunteers? ☐ YES ☐ NO

11. Are all paid staff and volunteers trained in abuse recognition, prevention, and prohibited conduct, with attendance documented? ☐ YES ☐ NO

12. Is a 'two-adult' (no one-on-one) rule enforced so that no worker is ever alone and unobserved with a client? ☐ YES ☐ NO

13. Are restrooms, changing areas, sleeping quarters, and isolated areas supervised or restricted per written policy? ☐ YES ☐ NO

14. Is there a written policy governing staff/client relationships, contact, and communication OFF premises (including texting, social media, and transportation)? ☐ YES ☐ NO

15. Are interior spaces designed for visibility (windows, open doors, line-of-sight) where clients and staff interact? ☐ YES ☐ NO

16. Is the supervision of staff-client interactions actively monitored by management, and are observations documented? ☐ YES ☐ NO

17. Is a written code of conduct signed by every staff member and volunteer prohibiting grooming, favoritism, and physical/sexual contact? ☐ YES ☐ NO

18. Are clients and parents/guardians informed how to report concerns, and is that channel published? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

REPORTING & RESPONSE PROCEDURE

19. Is there a written procedure for handling and reporting allegations of sexual abuse or molestation? ☐ YES ☐ NO

20. Does the procedure require immediate reporting to law enforcement and/or child-protective / adult-protective services as mandated by law? ☐ YES ☐ NO

21. Are all staff trained as mandated reporters and aware of their legal reporting duties? ☐ YES ☐ NO

22. Is an accused worker immediately removed from client contact pending investigation? ☐ YES ☐ NO

23. Are allegations, investigations, and outcomes documented and retained? ☐ YES ☐ NO

24. Is there a designated person or role responsible for receiving and acting on reports? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

INCIDENT HISTORY

Disclose every incident, allegation, complaint, or circumstance involving actual or alleged sexual abuse or molestation against the applicant, its staff, or its volunteers — regardless of when it occurred, whether a claim was made, or how it was resolved.

25. Has there ever been any incident, allegation, complaint, investigation, or circumstance that resulted in or could result in a sexual abuse or molestation allegation? ☐ YES ☐ NO

26. Is the applicant aware of any person, fact, or circumstance that may give rise to such a claim? ☐ YES ☐ NO

Incident / Allegation Detail

DATE	DESCRIPTION OF INCIDENT / ALLEGATION	CLAIM MADE? (Y/N)	SETTLED? (Y/N)	TAKEN TO TRIAL? (Y/N)	DAMAGES PAID $

CURRENT ABUSE & MOLESTATION COVERAGE

27. Does the applicant's current / expiring policy specifically EXCLUDE abuse & molestation coverage? ☐ YES ☐ NO

28. Is abuse & molestation currently provided as a sublimit rather than full policy limits? ☐ YES ☐ NO

29. Has any insurer ever declined, cancelled, or non-renewed abuse & molestation coverage for the applicant? ☐ YES ☐ NO

CURRENT A&M LIMIT — EACH OCCURRENCE $ | CURRENT A&M AGGREGATE / SUBLIMIT $ | CURRENT A&M CARRIER | COVERAGE BASIS (CLAIMS-MADE / OCCURRENCE)

COVERAGE REQUESTED

A&M EACH-OCCURRENCE LIMIT

A&M AGGREGATE LIMIT

DEFENSE — INSIDE OR OUTSIDE THE LIMIT?

COVERAGE BASIS (CLAIMS-MADE / OCCURRENCE)

RETROACTIVE DATE (IF CLAIMS-MADE)

DEDUCTIBLE / SIR

UNDERLYING GL EACH-OCCURRENCE

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

30. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

31. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

32. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

SIGNATURE OF APPLICANT

DATE

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #