



The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase, and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Company name:
Primary address (Address, State, ZIP, Country):
Risk management/ HR contact name:
Contact number: Contact email:
Website Address:
Number of years in operation: Number of locations:
Please describe your business activities/services:

1.2 Are you contractually required to carry this coverage: Yes No

If yes, please provide a copy of the contract.

1.3 Do you have expiring coverage: Yes No

If yes, please provide the following information:

Insurance Company: Premium \$
Inception date (mm/dd/yyyy): Expiry date (mm/dd/yyyy):
USD per claim limit: \$ USD aggregate limit: \$
Retention/ Deductible: \$ Retroactive date (mm/dd/yyyy):

1.4 Please state your total gross revenues: \$

Section 2: Employee Details

2.1 Please provide details for all employees:

	Staff	% of count that are male
Number of employees:		%
Number of contractors:		%
Number of volunteers:		%
Number of 'other' staff (temporary, seasonal etc):		%

2.2 Are any of the staff minors: Yes No

If "yes", please answer the following:

- a. please confirm how many are minors: _____
- b. please confirm minor staff are supervised by an adult employee at all times: Yes No

2.3 Please confirm the annual turnover rate (%): _____

Section 3: Client Information

3.1 Please confirm the following:

Type of client served	Total number of clients served annually	% served annually by age			
Children/ Youth:		0-10 yrs	%	11-18 yrs	%
Vulnerable adults:		19-65 yrs	%	65+ yrs	%

Section 4: Loss Prevention

4.1 Please confirm which of the following methods are used in the screening and hiring process for each member of staff:

Loss Prevention Method	Employed		Volunteers		Contractors		Other		Additional information
	Yes	No	Yes	No	Yes	No	Yes	No	
Standard application	Yes	No	Yes	No	Yes	No	Yes	No	
Code of conduct	Yes	No	Yes	No	Yes	No	Yes	No	
Interview (Face to face or virtual)	Yes	No	Yes	No	Yes	No	Yes	No	
Standard list of behavioral questions specific to role:	Yes	No	Yes	No	Yes	No	Yes	No	
More than 1 interview:	Yes	No	Yes	No	Yes	No	Yes	No	
Criminal background checks									
Multi-State (National) Criminal Database(s) checks: <i>Please describe the source/how the search is completed e.g. FBI fingerprint, SSN and name based etc. And if repeated, how often:</i>	Yes	No	Yes	No	Yes	No	Yes	No	
National Sex Offender Registry: If repeated, how often:	Yes	No	Yes	No	Yes	No	Yes	No	
Other: <i>E.g. Current country of residence; additional countries from last 7 years; State-based searches; MVR/DMV; International criminal checks; Abuse registry checks for licensed programs etc. And if repeated, how often:</i>	Yes	No	Yes	No	Yes	No	Yes	No	

Section 4: Loss Prevention

4.2 Do you immediately disqualify any employee, contractor or volunteer in the event of a negative result following a criminal background and abuse registry check: Yes No

4.3 Do you have a written policy outlining appropriate and inappropriate interactions between all staff and children/youth or vulnerable adults: Yes No

4.4 Is this written policy signed by all members of staff prior to their employment and regular training provided to ensure company policies are adhered to: Yes No

4.5 Do you have a written policy preventing all members of staff from being alone (one on one) with a single child/youth or vulnerable adult: Yes No

If "no", please give full details on where one on one exposure could take place and how this exposure is monitored/controlled:

4.6 Do you have internal policies and procedures in place to allow victims to safely report abuse, and have a mandated reporter to manage the reporting of any sexual abuse as required by state law: Yes No

4.7 Do you provide training to all members of staff on how to report suspected or allegations of abuse whilst having clear procedures in place on how to do so: Yes No

4.8 Do you remove any member of staff who have been accused of abuse or sexual misconduct from their duties pending the results of an investigation: Yes No

Section 5: Areas of Exposure

5.1 Is there ever, or will there be, any overnight or residential exposure: Yes No

If "yes", please give full details on where this could take place, sleeping arrangements and the policies & procedures in place to monitor/control this exposure

5.2 Is there ever, or will there be, any in-home exposure either at the home of a third party or home of a member of staff: Yes No

If "yes", please give full details on the policies & procedures in place to monitor/control this exposure

Section 5: Areas of Exposure

5.3 Is there ever, or will there be, any transportation services provided: Yes No

If "yes", is there always more than one adult present during transit: Yes No

5.4 If you are a property manager/owner, do you ever come into contact with any tenants: Yes No N/A

If "yes", please give full details on where this might take place and how you monitor/control this exposure:

5.5 Is there ever, or will there be, any travel or exposure outside of the United States: Yes No

If "yes", please give full details on where, durations, sleeping arrangements and the policies & procedures in place to monitor/control this exposure:

Section 6: Claims Experience

Please include all current loss runs for the past 10 years, if available.

6.7 Please state whether:

a. you are aware of any facts, incidents, circumstances or allegations that may result in a claim being made against you: Yes No

b. the company or any current or former staff member have been involved in an allegation or claim of sexual misconduct: Yes No

c. in the last 10 years, there has been any complaint, allegation, circumstance or claim of sexual misconduct reported to you or made against the company: Yes No

If you have answered "yes" to any of the above then please provide a description of the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.



Additional Information

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfc.com/privacy

Contact Name:

Position:

Signature:

Date (MM/DD/YYYY):