



Abuse & Molestation Supplement

Markel Agent Number: _____

Business Name: _____

Submission or policy number: _____

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1. Do you have a formal, documented abuse policy? Yes No
- If yes, does it include the following?
- a. A screening process that includes background and reference checks, personal interviews prior to hiring and an employment application that asks questions about whether or not an applicant has been convicted of any crime? Yes No
 - b. Documented, annual training with staff/volunteers including how to identify symptoms or signs of abuse with a recommended course of action? Yes No
 - c. A plan of supervision that monitors staff in day-to-day relationships with clients/children, both on and off insured premises? Yes No
 - d. A plan of direct supervision that monitors clients/children by sight and hearing with maximum visibility maintained throughout the facility? Yes No
 - e. A clear policy regarding isolated or one-on-one situations? Yes No
 - f. A policy with restrictions on use of electronic devices and social media, including interaction with clients/youth outside of normal work hours? Yes No
 - g. Protocols on reporting incidences and suspicious or inappropriate behavior making clear what behaviors may be inappropriate (verbal comments, touching, etc.)? Yes No
 - h. Maximum visibility maintained through facility design and clear guidance to staff on avoid access to closets, secluded areas, play tunnels, etc.? Yes No
 - i. Review of any incident to determine if actions need to be taken to prevent any similar future incident? Yes No
2. Are criminal investigations/background checks allowed in your state/states? Yes No
3. Are criminal investigations/background checks conducted on all employees and volunteers before hiring and with recurring checks at least every three (3) years? Yes No
- If yes, do you include the following?
- a. A multi-state criminal search compiled for at least a five (5) year history? Yes No
 - b. Check of the sex offender registry? Yes No
 - c. A social security identification, alias trace and address history? Yes No
4. Is there a crisis management program in place? Yes No
5. Is supervision always 2 layered deep (at least 2 staff present at all times)? Yes No

6. Does the director or supervisor plan unscheduled walk-throughs of the facility? Yes No
7. If a residential facility, is there at least one of the same sex staff supervising male and female living areas at all times? Yes No
8. Have you had any abuse incidents, claims or suits, or do you have any knowledge or information which might reasonably be expected to give rise to a claim of sexual or physical abuse or molestation? Yes No
If yes, provide details: _____

NOTE: This supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____