

General Information

1. The following coverages are written on a claims-made basis (please indicate limits as applicable):

General Liability \$ _____ Abuse \$ _____ Professional \$ _____

2. Retroactive Date: General Liability _____ Abuse _____ Professional _____

3. Have any of the following occurred since the Retroactive Date?

a. Change in name?

Yes No

If yes, provide dates and details. _____

b. Discontinuation of any programs or operations?

Yes No

If yes, provide dates and details. _____

c. Change in employee or volunteer background check protocol?

Yes No

If yes, provide dates and details. _____

d. Suspension or revocation of license for your organization or any employee, volunteer, director/officer or independent contractor?

Yes No

If yes, provide dates and details. _____

e. Incidents reported, allegations or claims made, investigations made, or criminal/civil actions brought against your organization or its employees, volunteers, officers/directors or independent contractors for alleged, suspected or actual physical abuse, sexual abuse or acts/errors/omissions related to professional services that are not described on loss runs?

Yes No

If yes, provide dates and details. _____

f. Any employee, volunteer, officer/director or independent contractor reprimanded, suspended or dismissed as a result of alleged, suspected or actual physical abuse, sexual abuse or acts/errors/omissions related to professional services?

Yes No

If yes, provide dates and details. _____

4. Do you have knowledge or information of any facts, circumstances or situations that might reasonably be expected to give rise to a claim of physical abuse, sexual abuse or acts/errors/omissions related to professional services?

Yes No

If yes, provide dates and details. _____

5. In your expiring policy, are any specific individuals and/or programs excluded from coverage?

Yes No

If yes, please provide a copy of the policy.

Insured (Applicant) _____

By _____

Name (Print) _____

Title _____

Signature _____

Date _____