

Sexual Molestation and Emergency Response Liability Form



Important notice

For the Proposer:

1. Before the insurance contract is entered into, if your policy is subject to the laws of England, Wales, Scotland or Northern Ireland, you must make a fair presentation of the risk to the insurer, in accordance with Section 3 of the Insurance Act 2015. The scope of this duty is set out in Schedule B of our standard client TOBA – please ask us for a copy of the TOBA and to explain what is expected, if required.

Your duty of disclosure will be different if your policy is subject to a law other than that of England, Wales, Scotland or Northern Ireland. However, all material facts which are relevant to the risk we are placing for you should be disclosed to insurers.

You should take care to complete claims and proposal forms or questionnaires required by insurers fully and accurately. If you become aware that you have omitted material information, or that material information that you have supplied before your insurance policy is finalised is incorrect or has been omitted, you should tell us immediately.

If you fail to comply with the applicable duty of disclosure it could result in the denial of your claim or avoidance of your insurance policy. You may wish to seek appropriate legal advice about the specific disclosure requirements of the applicable law of your insurance policy.

In summary, the proposer must:

- a. disclose to the insurer every material circumstance which the proposer knows or ought to know. Failing that, the proposer must give the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk and, if so on what terms (including premium);
 - b. make the disclosure in clause 1.a) above in a reasonably clear and accessible manner; and
 - c. ensure that every material representation as to a matter of fact is substantially correct, and that every material representation as to a matter of expectation or belief is made in good faith.
2. For the purposes of clause 1.a) above, the proposer is expected to know the following:
 - a. If the proposer is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the proposer is not an individual, what is known to anybody who is part of the proposer's senior management; or anybody who is responsible for arranging the proposer's insurance.
 - c. Whether the proposer is an individual or otherwise, what should reasonably have been revealed by a reasonable search of information available to the proposer. The proposer cannot ignore or deliberately withhold information (this may amount to a breach of the duty of fair presentation even if the insurer had sufficient information to ask questions and did not do so). The information may be held within the proposer's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the proposer is insuring subsidiaries, affiliates or other parties, the insurer expects that the proposer will have included them in its enquiries, and that the proposer will inform the insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

If the proposer becomes aware that information provided prior to confirmation of insurance cover was incorrect or incomplete the proposer should tell us immediately

If in doubt, please contact Miller.

Data protection

Processing of personal data

If you provide us with any information which constitutes “personal data” (including any “sensitive personal data”), both you and we will treat such information at all times in accordance with “Data Privacy Laws” (including the General Data Protection Regulation 2016/679).

Miller companies may hold and process such information: (i) in order to provide our services to you; (ii) to facilitate the effective management, development or operation of the Miller companies; and (iii) in any country – including countries outside the European Economic Area, which may not have comparable data protection laws. Please review our full privacy notice at www.miller-insurance.com.

Identity verification

In order to ensure compliance with rules imposed on us by relevant UK regulators, we may run fraud prevention checks against the name of your firm, or all or any of the individual partners or members in your firm. We may use this information in order to comply with our regulatory, legal or good governance obligations. We will make checks such as verifying your identity in order to prevent and detect crime, fraud and money laundering. We may disclose your personal data to other companies in the Miller group of companies for the purposes described above. You agree to bring the above notice to the attention of each of your partners or members before completing and submitting this proposal form. Each individual has the right to apply for a copy of their information (for which we may charge a fee) and to have any agreed inaccuracies corrected.

- By ticking here, you agree to the processing of your personal data, including, where relevant, special category/sensitive data, in the manner stated above in the paragraph entitled ‘Processing of personal data’.
- Please tick this box if you would like to subscribe to receive the latest news and insight from Miller Insurance Services LLP and its associated companies. Your information will not be past to any third parties and you may unsubscribe at any time.

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Instructions

1. Answer all questions. If any section does not apply, indicate with N/A and please explain why not on a separate sheet.
2. Have this Application signed and dated by an authorized owner, partner, risk manager or director of the Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for the insurance. For more detail, see the definition of "insured" in specimen policy.
3. Attach a list of Additional Named Insured(s), if any, to be covered under this policy and their relationship to the Named Insured.

Named Insured Information

Named Insured

Address

City

State

Zip Code

Contact

Phone

Email

Website

All information requested hereafter pertains to the Applicant applying for insurance unless otherwise stated.

Current Policy Information

Current Liability *(If Applicant does not currently have coverage, please provide requested term, limits and deductible)*

Insurance Company

Term *(mm/dd/yyyy)*

To *(mm/dd/yyyy)*

Premium

Retroactive Date *(mm/dd/yyyy)*

Limits

USD per claim

USD aggregate

Deductible USD

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Underwriting Information

Section 1

Date Established (mm/dd/yyyy)

Total Revenues

Current Year

1st Year Prior

2nd Year Prior

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 2 - Services

Full Description of all services being provided

Section 3 - Employee and Other Details

	Total no. (annual)	Average no. (daily)	% Male	% Female
a) Full time employees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Part time employees <i>Please do not include c) through k) in a) or b) above</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Diocesan Priests	i) Active in Diocese	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ii) Active outside Diocese	<input type="text"/>	<input type="text"/>	<input type="text"/>
	iii) Retired, Sick or Absent	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Religious Priests	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Teachers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Substitute teachers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Coaches	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Counsellors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Independent Contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) Sub Contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) Volunteers (only those working with/supervising Youths)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l) Other (please detail on a separate sheet)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual staff turnover rate

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Section 4 - Services / Locations

Exposure Units Please provide numbers on an annual basis

No. of Locations	Types of Services	% of Total	No. of Youth	Age Range	No. of Adults
<input type="text"/>	Schools - Religious	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Schools - Public-charter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Schools - Private, Elementary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Schools - Private, Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	YMCA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Community Service Organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Overnight Camps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Day Camps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Sports Camps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Child Care Centers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Churches / Parishes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Foster Care Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	In-Home Social Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Drop In / Recreation Centers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Hospitals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Nursing Homes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Assisted Living	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Schools - Sunday School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Mentoring Programs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Counselling Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Residential Treatment Centers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Section 5 - Loss Prevention Efforts

In regards to each loss prevention method, please indicate Yes or No

	Employees		All others listed in section 3	
Standard Application	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Code of Conduct (<i>attach a copy</i>)	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Interview – Face to face interview	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Interview – standardized questions	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Interview by more than one person	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Reference checks	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Criminal background checks	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Abuse registry checks	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Other (<i>please attach description</i>)	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
1. Do you immediately disqualify any member of staff, contractor or volunteer based on an negative results of a criminal background and abuse registry checks?			Yes <input type="radio"/>	No <input type="radio"/>
2. Do you have a written policy detailing appropriate and inappropriate interactions between all staff, contractor or volunteer and kids or vulnerable adults?			Yes <input type="radio"/>	No <input type="radio"/>
3. Is the above mentioned written policy signed by all staff, contractors and volunteers prior to commencement of employment?			Yes <input type="radio"/>	No <input type="radio"/>

Section 6 - Claims History

Attach to this Application currently valued loss runs from prior carriers.

1. Is the applicant aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you?	Yes <input type="radio"/>	No <input type="radio"/>
2. In the past 10 years has there ever been any complaint, incident, allegation, intimation, circumstance or claim of a sexual misconduct nature been reported to you or made against you?	Yes <input type="radio"/>	No <input type="radio"/>
3. Have any of the applicant’s employees, clergy, teachers, substitute teachers, coaches, counsellors, independent contractors, sub-contractors, volunteers or ‘others’ listed in sections 3 above been transferred in or out of your school, parish/diocese branch or corporate location because they were involved, suspected or a complaint was made regarding an allegation of sexual molestation?	Yes <input type="radio"/>	No <input type="radio"/>

If you answer yes to any of the questions above please provide full information as an appendix to this application form.

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Section 7 - Additional Underwriting Information

1. Do you have a written policy prohibiting all those listed in section 3 from being alone with a single client? Yes No

If no, please detail when these situations would occur and what risk management procedures you have in place to ensure these are adequately supervised

2. Does the applicant ever host, sponsor or participate in overnight activities or events? Yes No

If yes, please details and outline the risk management procedures you have in place to ensure these are adequately supervised

3. Will those listed in Section 3 ever host exposure units at their home or spend time at the home of an exposure unit? Yes No

If yes, please details and outline the risk management procedures you have in place to ensure these are adequately supervised

4. Does the organization have a procedure to allow victims to report abuse? Yes No

5. Does the Applicant have a policy in place where employees accused of abuse (sexual or other) or molestation are removed from client care responsibilities pending the outcome of an investigation? Yes No

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Declaration

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signed:

Print name:

Position:

Dated (dd/mm/yyyy)

A copy of this proposal form should be retained for your own records.

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