

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____

Legal Name of Organization: _____

FEIN: _____

ORGANIZATION INFORMATION

Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes No

a) Does your state permit you to do criminal background investigations? Yes No

b) If yes, do you routinely request and receive such background investigations? Yes No

Do you verify employment related references? Yes No

Do you conduct a personal interview? Yes No

Do you have written procedures for dealing with sexual abuse? Yes No

If yes, please attach a copy.

Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No

Is there an overnight youth exposure? Yes No

Are parents present? Yes No

a) Has your organization ever had an incident which results in an allegation of sexual abuse? Yes No

If yes, please describe. _____

b) Was a claim made against the organization? Yes No

c) Was the case settled? Yes No

d) Was the case taken to trial? Yes No

e) How much money was paid as damages to the victim? \$ _____

Regarding coverage for abuse & molestation, does your current insurance program:

_____ a) Exclude coverage

_____ b) Limit coverage (Please indicate limit of liability) \$ _____

_____ c) Neither exclude nor limit coverage

Please indicate age range of clients _____

Limits requested \$ _____

REMARKS: _____
