Excess Liability Application Form

MECHANICUS
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BUILT FOR RESULTS.

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 insurance have coverage, please provide requested term, limits and deductible)*

Insurance Company

Policy Inception *(mm/dd/yyyy)* | Policy Expiration *(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

Total Revenues

Current Year	1st Year Prior	2nd Year Prior

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				
b) Part time employees *Please do not include c) through k) in a) or b) above*				
c) Diocesan Priests				
i) Active in Diocese				
ii) Active outside Diocese				
d) Religious Priests				
e) Teachers				
f) Substitute teachers				
g) Coaches				
h) Counselors				
i) Independent Contractors				
j) Sub Contractors				
k) Volunteers				
l) Other *(please detail on a separate sheet)*				
Totals				

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
	Schools - Religious				
	Schools – Public-charter				
	Schools - Private, Elementary				
	Schools - Private, Secondary				
	YMCA				
	Community Service Organization				
	Overnight Camps				
	Day Camps				
	Sports Camps				
	Child Care Centers				
	Churches / Parishes				
	Foster Care Services				
	In-Home Social Services				
	Drop In / Recreation Centers				
	Hospitals				
	Nursing Homes				
	Assisted Living				
	Schools – Sunday School				
	Mentoring Programs				
	Counselling Services				
	Residential Treatment Centers				
	Other				
	TOTAL				

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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 ☐	No ☐	Yes ☐	No ☐
Code of Conduct *(attach a copy)*	Yes ☐	No ☐	Yes ☐	No ☐
Interview – Face to face interview	Yes ☐	No ☐	Yes ☐	No ☐
Interview – standardized questions	Yes ☐	No ☐	Yes ☐	No ☐
Interview by more than one person	Yes ☐	No ☐	Yes ☐	No ☐
Reference checks	Yes ☐	No ☐	Yes ☐	No ☐
Criminal background checks	Yes ☐	No ☐	Yes ☐	No ☐
Abuse registry checks	Yes ☐	No ☐	Yes ☐	No ☐
Other *(please attach description)*	Yes ☐	No ☐	Yes ☐	No ☐

1. Do you immediately disqualify any member of staff, contractor or volunteer based on a negative result of a criminal background and abuse registry checks? Yes ☐ No ☐

2. Do you have a written policy detailing appropriate and inappropriate interactions between all staff, contractor or volunteer and kids or vulnerable adults? Yes ☐ No ☐

3. Is the above mentioned written policy signed by all staff, contractors and volunteers prior to commencement of employment? Yes ☐ No ☐

Section 6 - Claims History

Attach to this Application 5 years 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 ☐ No ☐

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 ☐ No ☐

3. Have any of the applicant's employees, clergy, teachers, substitute teachers, coaches, counselors, 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 ☐ No ☐

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. Are any employees or any persons on behalf of the organization allowed to be one on one with a client? Yes If yes, please detail when these situations would occur and what risk management procedures you have in place to ensure these are adequately supervised Yes ☐ No ☐

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

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

3. Will those any person on behalf of the organization ever host exposure units/client at their home or spend time at the home of an exposure unit/client? Yes ☐ No ☐

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

4. Is there a procedure in place at the organization that allows 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 ☐
6. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse offenses? Yes ☐ No ☐
7. Do you verify employment related references? Yes ☐ No ☐
8. Do you conduct a personal interview? Yes ☐ No ☐
9. Are personal references checked? Yes ☐ No ☐

10. Do you have written procedures for dealing with sexual abuse? Yes ☐ No ☐
a. If yes, please attach a copy.

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

12. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes ☐ No ☐

a. 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?

13. Regarding coverage for abuse & molestation, does your current insurance program:
a. Exclude coverage? Yes ☐ No ☐
b. Limit coverage (Please indicate limit of liability.) _____

14. Please indicate age range of clients: _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

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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 inquiries in order to reveal material circumstances.

Signed:

Print name:

Position:

Dated

A copy of this proposal form should be retained for your own records.
This application, including all statements and information provided,
will be considered part of the insurance policy issued.

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Retail Broker Information

Brokerage Name:

Producer Name:

Address:

Phone:

Email: