



IMPROPER SEXUAL CONDUCT SUPPLEMENTAL APPLICATION

ANI-RRG #4

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I. APPLICANT

Named Insured _____

Contact Person _____ Date _____

Producer Name _____ Producer Phone _____

II. FINGERPRINT CLEARANCE

1. Does applicant presently obtain background clearances for employees? Yes No

2. Does applicant presently obtain background clearances for volunteers? Yes No

3. Does applicant have supervisory or disciplinary powers over minors or provide care for the elderly, the handicapped or mentally impaired? Yes No

Please Note: State criminal code laws provide that certain employers may request background checks for convictions involving certain sex crimes, drug crimes, or crimes of violence of a person. These background checks may be ordered for prospective employees or volunteers for a position in which the person would have supervisory or disciplinary power over minors, or who provides care for the elderly, the handicapped or mentally impaired. Employer, as used in this context, means any nonprofit corporation which employs persons or uses the services of volunteers in positions that have supervisory or disciplinary power over minors, or who provide care for the elderly, the handicapped or mentally impaired.

All ANI-RRG members which purchase Improper Sexual Conduct coverage, and **which are not already obtaining clearances**, may request authorization to receive criminal history information for employees and volunteers who have supervisory or disciplinary power over minors or who provide care for the elderly, the handicapped or mentally impaired.

III. GENERAL INFORMATION

1. Check below all categories of clients served by this applicant:

Children under 10 years of age Developmentally disabled of any age

Youth 10 to 18 years of age Clients older than 60 years

Non-ambulatory of any age

2. Do any employees or volunteers have direct contact in "unsupervised situations" with clients? Yes No
(A situation is considered to be "unsupervised" when within the course of an employee's or volunteer's duties, he or she is, at any time, in the presence of one or more clients without the benefit of direct oversight by at least one other employee.)

III. GENERAL INFORMATION (cont'd)

3. Are there policies and procedures in place to assure that more than one staff person and/or volunteer is present or nearby at all times when a client is under your care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. What is the average case load per care provider in this organization? _____		
5. Is any of the counseling or care provided to individual clients performed by one staff member or volunteer in closed door sessions? If yes, please explain briefly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is any counseling or care conducted after regular business hours? If yes, by whom and for what type of clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is any counseling or care conducted off your premises or in clients' homes? If yes, by whom and for what type of clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are there any programs offered to assist your clients/students to identify and report possible instances of improper sexual conduct? If yes, describe briefly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does applicant provide any co-ed habitational programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IV. CLAIMS EXPERIENCE

1. Have any claims for improper sexual conduct, including sexual or physical abuse, been filed against the organization within the past five years? If yes, please attach a detailed description including status and/or outcome of litigation and explain what procedures have been instituted to help reduce the likelihood of another suit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you aware of any occurrences which may give rise to an improper sexual conduct claim against the organization? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. SIGNATURES

This application is for the Improper Sexual Conduct Coverage Part. Signing this application does not bind the applicant or ANI-RRG to complete the coverage. The undersigned warrants the truth of the statements contained herein, and further warrants that the applicant has not withheld information which is likely to influence the judgement of ANI-RRG in evaluating this application. Coverage does not attach until this application has been approved and a declaration page for Improper Sexual Conduct Coverage is issued for a separate coverage part for which additional premium has been paid. The undersigned understands that failure to supply requested information on a timely basis or the falsification or omission of information requested may result in a declination of the application.

_____	_____	_____	_____
Applicant's Signature	Date	Applicant's Broker's Signature	Date