

Improper Sexual Conduct *Supplemental Application*

NIAC requires all organizations that secure Improper Sexual Conduct Coverage (ISC) to obtain criminal background checks for any employees and volunteers who work with youth, senior citizens, or developmentally disabled of any age.

INSTRUCTIONS

Fill in all blanks and answer all questions. Be sure to sign and date the applications. Return your completed application, including any attachments, to your broker for processing. If you have any questions or need assistance, contact your insurance broker.

I. APPLICANT

Named Insured	
Contact Person	
Broker Name	

II. BACKGROUND CHECK

Background checks are required for all employees or volunteers of applicant who have supervisory or disciplinary powers over minors, or provide care for the elderly, the handicapped or mentally impaired.

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

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

III. GENERAL INFORMATION

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

<input type="checkbox"/> Children under 10 years of age	<input type="checkbox"/> Developmentally disabled of any age
<input type="checkbox"/> Youth 10 to 18 years of age	<input type="checkbox"/> Clients older than 60 years of age
<input type="checkbox"/> Non-ambulatory of any age	

2. Do any employees or volunteers have direct contact in "unsupervised situations" with clients? ["Unsupervised situation" means in the presence of one or more clients without direct oversight by at least one other employee or volunteer.] Yes No

3. Are policies and procedures in place to assure that more than one staff person and/or volunteer is present and nearby at all times when a client is under your care? Yes No

4. What is the average case load per care provider in this organization? _____

5. Is any of the counseling or care provided to the individual clients performed by one staff member or volunteer in closed-door sessions? Yes No **If yes**, describe briefly:

6. Is any counseling or care conducted after regular business hours? Yes No

If yes, by whom and for what type of clients?

7. Is any counseling or care conducted off your premises or in clients' homes? Yes No

If yes, by whom and for what type of clients?

8. Are there any programs offered to assist your clients/students/interns/ volunteers in identifying and reporting instances of improper sexual conduct? Yes No

If yes, describe briefly:

9. Does applicant provide any co-ed habitational programs? Yes No

IV. CLAIMS EXPERIENCE

1. Have any claims for improper sexual conduct, including sexual or physical abuse, been filed against your organization within the past five years? Yes No

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.

2. Are you aware of any occurrences that may give rise to (result in) an improper sexual conduct claim against your organization? Yes No **If yes**, please attach a detailed description.

V. SIGNATURES

This application is for Improper Sexual Conduct coverage. Signing this application does not bind the applicant or NIAC to complete the coverage. The undersigned warrants the truth of the statements contained herein, and further warrants that the applicant has not withheld information that is likely to influence the judgment of NIAC 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

Print or type applicant's name

Applicant's Title