

Sexual Misconduct Coverage Supplemental Application



Tax ID/SSN: _____

1. Applicant: _____

2. Has the applicant had any incidents or claims reported for sexual misconduct or any other allegation of abuse?
If yes, provide full details: Yes No

3. Has the applicant or any employee, volunteer, or other person working for the applicant ever been arrested or convicted of a crime? If yes, provide full details: Yes No

4. Describe all background checks performed: _____

5. Are there written guidelines regarding sexual misconduct? If yes, provide copies of all policies and procedures including training materials. Yes No

6. What steps have been taken to prevent or avoid a sexual misconduct incident? _____

Date: _____

Signature: _____