



Named Insured: Phone Number:
Location Address: City: State: Zip:
Agency: Website:

1. Does the applicant perform a criminal background investigation, including sexual abuse or child abuse-related offenses?

a. On prospective employees and volunteers? ☐ Yes ☐ No

b. On existing employees and volunteers? ☐ Yes ☐ No

If yes, how often?

2. Does the applicant verify employment-related references? ☐ Yes ☐ No

If yes, how often?

3. Does the applicant conduct personal interviews for prospective employees and volunteers? ☐ Yes ☐ No

4. Does the applicant discuss the following items at staff orientation?

a. Abuse and molestation? ☐ Yes ☐ No

b. How to recognize the signs of abuse? ☐ Yes ☐ No

c. What to do if an individual reports abuse of any kind? ☐ Yes ☐ No

5. Does the applicant have written procedures for dealing with claims of abuse? ☐ Yes ☐ No *If yes, please attach a copy*

6. Does the applicant have knowledge of any incident that could result in an allegation of abuse? ☐ Yes ☐ No

If yes, please explain:

7. Has there ever been an allegation of abuse made against the insured? ☐ Yes ☐ No

If yes, please explain:

8. Does the applicant provide treatment, care, or services for convicted sexual offenders? ☐ Yes ☐ No

If yes, please explain:

9. Does the applicant's operations involve one-on-one interaction with minors? ☐ Yes ☐ No

If yes, please explain:

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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

Insured's Signature:

Date:

Agent's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group**Central Region**

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