



SUITELIFE Underwriting Managers
Supplemental Application for Abusive
Acts Liability Coverage

Exton Corporate Center
 102 Pickering Way
 Suite 305
 Exton, PA 19341

THE SHADED AREAS OF THIS APPLICATION APPLY ONLY TO CLAIMS MADE COVERAGE. PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Name of Applicant:							
Mailing Address:							
1.	a. Effective date of coverage:						
	b. Requested Retroactive Date:			(Required only for Claims-Made Coverage)			
2.	Limits of Insurance:						
	<u>Occurrence Coverage:</u>						
	<input type="checkbox"/> \$1,000,000 Each Abusive Act/\$1,000,000 Agg,	<input type="checkbox"/>	Other: \$				
	<u>Claims-Made Coverage:</u>						
	<input checked="" type="checkbox"/> \$1,000,000 Each Claim/\$1,000,000 Aggregate	<input type="checkbox"/>	Other: \$				
3.	Deductible:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$50,000	Other: \$		
4.	Type of program(s) conducted:						
	<input type="checkbox"/> Hotel	<input type="checkbox"/> Community Association	<input type="checkbox"/> Club				
	<input type="checkbox"/> Condo - Hotel	<input type="checkbox"/> Condo/Townhome Association					
	<input type="checkbox"/> Resort	<input type="checkbox"/> Spa Resort	<input type="checkbox"/> Other				
5.	Provide the following information, by program:						
	Program	Average Number of Daily Attendees	Number of Employees (not volunteers)	Number of volunteers			
	Babysitting						
	Day Camp						
	Spa / Fitness						
	Other						
6.	What is the number of:						
	a. Total full-time and part-time (i.e., 20 or fewer hours) employees:						
	Employees:	Full-time	_____	Part-time	_____		
7.	a. Is the facility open to visits by parents and guardians?.....						<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is the facility licensed?						<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "yes", provide a copy of the license.						
	c. Are the participants separated by age group?.....						<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	a. Number of new employees hired in the past 12 months						
	b. Number of new volunteers in the past 12 months						
9.	a. Is there a written policy with procedures for screening and performing background checks of all prospective employees?						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is there a written policy with procedures for screening prospective employees <i>and</i> volunteers that includes a personal						

	interview by a staff member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c. Are signed and dated applications required of:				
	(1) all prospective employees?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(2) all prospective volunteers?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	d. If the answer to a., b. or any part of c. is "yes", where is the documentation stored and for how long?				
10.	Do the employment and volunteer applications:				
	a. include a question(s) concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. require that one reference be related to the applicant and the other references not be related to the applicant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11.	Are application references checked and documentation maintained?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12.	a. Is there a written policy addressing abusive acts?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. If "yes", how often is the policy communicated to:				
	(1) employees?	time(s) every	months, or	<input type="checkbox"/>	Other
	(2) volunteers?	time(s) every	months, or	<input type="checkbox"/>	Other
	c. Are the following individuals required to sign an acknowledgement of receipt and understanding of the abusive act policy?				
	(1) employees	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(2) volunteers.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	d. How often are the policies and procedures regarding abusive acts reviewed or revised by:				
	(1) the applicant?	time(s) every	months/year(s), or	<input type="checkbox"/>	Other
	(2) legal counsel?	time(s) every	months/year(s), or	<input type="checkbox"/>	Other
13.	a. Is documentation maintained on awareness training of staff and volunteers regarding the abusive act policy including how to recognize signs of child or sexual abuse and what to do if someone reports abuse?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. How frequently is training conducted?				
	c. Provide details on the trainer(s) including qualifications and company affiliation.				
14.	a. Have procedures been developed and publicized to employees and volunteers for reporting and investigating alleged incidents of abusive acts?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. Has complaint management and investigation been assigned to any person(s)?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c. If b. is "yes", has that person(s) been adequately trained in these responsibilities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15.	a. Are any activities involving direct contact with children subcontracted to others?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. If "yes":				
	(1) Are the subcontractors government licensed?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(2) Are certificates of liability insurance required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(3) Describe the services provided by subcontractors:				
16.	Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.	In the last 10 years:				
	a. has any business insurance been refused, cancelled or nonrenewed? (Not applicable in MO)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. has the applicant or any employee had abusive act (or similar) insurance coverage declined, cancelled or nonrenewed? (Not applicable in Missouri.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c. has the applicant or any employee or volunteer had any claim or suit brought against them as a result of abusive acts?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	d. have any public authorities investigated the applicant relating to claims or allegations of abusive acts?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If the answer is "yes" to any part of question 17, provide complete details by attachment.				

18.	Does the applicant have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If the answer is "yes" to question 18, provide complete details by attachment.							
19.	Current/prior insurance coverage:						
	Carrier:		Claims-Made:	<input type="checkbox"/>	Occurrence:	<input type="checkbox"/>	
	Effective/expiration dates:	_____ to _____	Claims-Made Retro Date:				
	Limits of liability:		Deductible:				

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this Application. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior application form to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct and complete to the best of his/her knowledge.

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: Substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

In the District of Columbia, 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 Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon, and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

In 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.

I understand the information in this supplemental application becomes a part of the Application and is subject to the same representations and conditions.

Name (Print) _____ Title _____

Licensed Agent or Broker _____ License Number _____

Signature _____ Date _____

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

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