

2535 Landmark Drive Suite 102 Clearwater, FL 33761 727-734-0040 www.leoriskserivces.com

ABUSE AND MOLESTATION APPLICATION

BROKER INFORMA	ATION									
Broker/Agency Nam	ie:									
GENERAL APPLIC	ANT INFORMA	TION								
Business Name:										
DOLICY INFORMA	TION (Outers							-111-1-1116-1		
POLICY INFORMATION (Only complete if abuse coverage was a separate policy than your package or general liability) Effective Date: Quote Need By Date:										
	Carrior:	Expiration Date: Quote Need By Date: Have coverages ever been canceled or non-renewed during past 5 years								
T Tevious insurance	Previous Insurance Carrier: Have coverages ever been canceled or non-renewed during past 5 years Yes No If Yes, please provide an explanation:									
Policy Term:	Year:		Year: Year:					Year:		
Coverage/Limits:			1 50					1 0 0		
Annual Premium:										
	l			l.						
LOSS EXPERIENC	E									
*Incurred Losses /C	laims: Please at	tach compan	y loss runs in	cluding speci	ific det	ails of all cl	aims ar	nd the dispos	sition of	
each.		•	•	0 .				·		
Are you aware of ar	y circumstances	s currently exi	isting or threa	atened 🗆 Y	es 🗆	No If Yes	s, pleas	e provide an		
that may possibly re	sult in a claim u	nder this insu	rance policy?	expl	lanatio	n:		•		
*Please provide hard	copy loss runs with	a december of								
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Employment Practices: Policies and								
Do you have written policies and procedures for the prevention of abuse and handling of allegations? ☐Yes ☐No If No, please provide detailed explanation:								
How is the information transmitted formal training, etc.	to employees and vol	unteers? i.e. en	nployee/volunteer handbook, orier	ntation training,				
Are records kept or files documente	ed on the training?	□Yes □N	lo					
Please describe your incident report								
Business Operations:								
Do you have any custodial respons	ibilities for minors?	□Yes □N	lo If Yes, please provide detaile	ed explanation:				
How do you supervise employees/\	olunteers while they	are engaged in	the custody minors?					
Does your organization have any o				T =				
☐ Overnight ☐ Overnight	☐ Campgrounds	☐ Daycare	☐ Personal care of minors i.e.	☐ Other:				
travel accommodations			bathing, changing clothes,					
Diagon indicate the age range of m	inoro in vour coro or c	l l	toileting					
Please indicate the age range of m			ra in your aparation to carry abuse	and				
Do you require any contractors that molestation coverage?		e provide the re		e and				
R	equired Info	rmation f	or a Quote					
Please be sure the following items	are completed in their	rentirety and at	tached to the application as applic	cable:				
 Copy of policies and proced 	ures for abuse and m	olestation						
Detailed listing of all allegating	ons and convictions f	or abuse and m	nolestation					
3. 5 Year Hard Copy Loss Rur	s – currently valued							
	-			'				
I understand that the signing of this appli should a contract of Insurance be conclude								
By signing this Application, I agree to co	nduct electronic commerc	e and to accept an	electronic insurance policy and other doc	uments issued by				
Everest. I acknowledge that I may reque		e and to accept an	electronic insurance policy and outer doc	unionts issued by				
I DECLARE THAT THE STATEM KNOWLEDGE AND BELIEF.	ENTS AND ESTIMAT	TES MADE HER	REIN ARE TRUE TO THE BEST (OF MY				
Signature of Owner, Partner, Men Authorized to Sign as Applicant	nber, Principal, or Off	icer Appl	cant's Printed Name:					
Title:		Da	te:					
Producer Name:		Lice	ense#:					