



1. The following coverages are written on a claims-made basis (please indicate limits as applicable):

General Liability \$ \_\_\_\_\_  Abuse \$ \_\_\_\_\_  Professional \$ \_\_\_\_\_

2. Retroactive Date: General Liability \_\_\_\_\_ Abuse \_\_\_\_\_ Professional \_\_\_\_\_

3. Have any of the following occurred since the Retroactive Date?

a. Change in name?  Yes  No

If yes, provide dates and details. \_\_\_\_\_

b. Discontinuation of any programs or operations?  Yes  No

If yes, provide dates and details. \_\_\_\_\_

c. Change in employee or volunteer background check protocol?  Yes  No

If yes, provide dates and details. \_\_\_\_\_

d. Suspension or revocation of license for your organization or any employee, volunteer, director/officer or independent contractor?  Yes  No

If yes, provide dates and details. \_\_\_\_\_

e. Incidents reported, allegations or claims made, investigations made, or criminal/civil actions brought against your organization or its employees, volunteers, officers/directors or independent contractors for alleged, suspected or actual physical abuse, sexual abuse or acts/errors/omissions related to professional services that are not described on loss runs?  Yes  No

If yes, provide dates and details. \_\_\_\_\_

f. Any employee, volunteer, officer/director or independent contractor reprimanded, suspended or dismissed as a result of alleged, suspected or actual physical abuse, sexual abuse or acts/errors/omissions related to professional services?  Yes  No

If yes, provide dates and details. \_\_\_\_\_

4. Do you have knowledge or information of any facts, circumstances or situations that might reasonably be expected to give rise to a claim of physical abuse, sexual abuse or acts/errors/omissions related to professional services?  Yes  No

If yes, provide dates and details. \_\_\_\_\_

Insured (Applicant) \_\_\_\_\_ By \_\_\_\_\_

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_