

APPLICATION FOR LIMITED AND CONDITIONAL COVERAGE FOR PHYSICAL AND SEXUAL ABUSE

Instructions:

- Answer all questions. If the answer is NONE, please state NONE.
- If the space to answer any question fully is insufficient, attach a separate sheet
- The Application must be signed and dated by owner, partner, or officer and by a human resources or personnel officer.
- PLEASE READ CAREFULLY, THE STATEMENT AT THE END OF THIS APPLICATION

GENERAL INFORMATION

- Name of Insured(s): _____
- Mailing Address: _____
- Contact Name: _____ Phone No. _____ Fax No. _____
- Describe the applicant's operations and give number of locations:

- Coverages Desired Limit of Liability \$_____ Deductible \$_____

Note: if no prior coverage, retroactive date must be policy inception date

Proposed Effective Date (DD/MM/YYYY) _____ Retroactive Date (DD/MM/YYYY) _____

- Do you currently carry Physical & Sexual Abuse Insurance? Yes No
If "yes" please provide details to the Insurer: the limits of liability, deductibles, retroactive date and premium.

- Employees: Number of full time employees: _____ Number of part time employees: _____
- 8a. Regardless of whether or not you had insurance, on a separate sheet, please furnish a first dollar Loss History for all claims reported in the past five (5) years. If there were no claims, state NONE
- 8b. For any claim(s) paid or reserved in excess of \$10,000, on a separate sheet, provide: (1) the date of loss; (2) a complete description of the loss, (3) the amount paid or reserved (including expenses), and (4) the valuation date for each such claim.
- 8c. Has there ever been any claim against you for \$100,000 or more? _____
- 8d. Are you aware of any facts, incidents, or circumstances which may result in claims being made against you? _____
If yes, please explain on a separate page.

The applicant understands and agrees that if any facts, incidents, or circumstances exist which are likely to give rise to a claim under this policy, then any claims arising from such facts, incidents or circumstances are excluded from coverage under this proposed policy.

