



Abuse & Molestation Application

THIS APPLICATION IS FOR QUOTE

Broker Information

(If Not Applicable, Skip This Section)

Name of Agency / Brokerage: _____

Name of Contact / Agent: _____

Mailing Address of Agency / Brokerage: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contact Information

(Please Fill-in All Applicable Fields)

Conference Name: _____

Organization/Association Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Individual Responsible For Insurance: _____

President Name: _____

How many participants do you have? _____

Do you verify employment related references and conduct personal interviews? Yes _____ No _____

Is prior employment verified for each applicant? Yes _____ No _____

If permitted by state law, does your organization routinely request and receive background investigations for staff and volunteers? Yes _____ No _____

Does your employment application include questions regarding prior criminal convictions? Yes _____ No _____

Do you advise every applicant that criminal background checks will be performed? Yes _____ No _____

Do you discuss the importance of providing a safe environment for the children in your care? Yes _____ No _____

Does your orientation include how to recognize the signs of an abused child? Yes _____ No _____

Do you have written procedure in place to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? Yes _____ No _____

Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? Yes _____ No _____

Has a claim ever been made against your facility? Yes _____ No _____

Identify staff status (check all that apply):

Employees: _____

Volunteers: _____

Parent-volunteers: _____



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Acknowledgment

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

MISLEADING or FALSE information on an application may be subject to criminal and civil penalties and could affect coverage.

By signing this document I confirm that to the best of my knowledge the information contained herein is accurate:

Printed Name

Date

Title

Signature

- Background Check -

Below is a link to our carrier's background checking system, they have partnered with Backgroundchecks.com to provide our clients with discounted pricing helping to ensure all our clients take the necessary precautions.

<https://www.prosightspecialty.com/differentiator/background-checks/>

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California Office

950 S. Bascom Ave.
Suite 3010
San Jose, CA 95128

Pennsylvania Office

109 S. 13th St.
Suite 117B
Philadelphia, PA 19107

Email

sales@gssportsinsurance.com

Phone

800-995-9768

Website

gssportsinsurance.com

Submission Options:

- Send to Pennsylvania office listed above
- Scan and email to sales@gssportsinsurance.com
- Fax to 408-414-8199

THANK YOU from The Gagliardi Team

