



Network Insurance Services, Inc.

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NIAC #4

Improper Sexual Conduct Liability Supplemental Application

Applicant Name: _____
 Quote Need by Date: _____ Prop. Effective Date: _____
 Limits Requested: _____

Please Note: This application is for Improper Sexual Conduct Liability (ISC) coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit http://networkins.com/insurance_products

IMPROPER SEXUAL CONDUCT LIABILITY (ISC)

1. a. In the past three (3) years, has any insurance carrier declined, canceled or non-renewed any Improper Sexual Conduct Liability coverage for which Applicant has applied? Yes No
 If yes, please explain: _____
- b. Does Applicant have knowledge or information of any incidents which might reasonably be expected to give rise to a claim? Yes No
- c. Attach currently valued loss runs for the past three (3) years as well as a completed NIAC/ANI #11 Claims Supplemental Application for each claim that has been reported under any Improper Sexual Conduct Liability policy in the last three (3) years. If no coverage was in force, but an incident did occur, please complete the #11 Claims Supplemental Application to describe each incident. If none, please check here: None

2. Does Applicant currently have any Improper Sexual Conduct coverage in force? Yes No

If yes, please complete the following:

Prior Carrier	Effective Dates	Limit	Retro Date (if claims made)	Premium

We require background checks only for those employees or volunteers of Applicant who have supervisory or disciplinary powers over minors, or provide care for the elderly, the handicapped or mentally impaired. The following questions apply to those individuals. A discounted background check service is available to our insured members.

3. Does Applicant obtain background checks for employees? Yes No
4. Does Applicant obtain background checks for volunteers? Yes No
5. Does Applicant require evidence that background checks are performed on Independent Contractors? Yes No
 If no, please explain: _____
6. Do any employees or volunteers have unsupervised contact with clients? ("Unsupervised" means in the presence of one client without direct oversight by at least one other employee or volunteer.) Yes No

If yes, please explain: _____

- | | |
|---|--|
| 7. Is there written protocol surrounding the handling of allegations of sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are employees/volunteers trained in this protocol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SIGNATURES

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, HI, NE, OH, OK, OR, OR VT. In DC, LA, ME, TN and VA, insurance benefits may also be denied). The undersigned is an authorized representative of the Applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature

Date

Producer's Signature

Date

Print or type Applicant's name

Applicant's Title