

Return application to:  
CB Malaga Insurance Services LLC  
tel: 877-245-5887  
fax: 805-426-8540  
email: [info@cbspecialty.com](mailto:info@cbspecialty.com)

**Beazley** | Safeguard New Business

beazley

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# Beazley Safeguard New Business application

## Instructions

PLEASE ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE PRINT NONE. ATTACH SEPARATE SHEETS OF PAPER AS NECESSARY. THE APPLICATION MUST BE SIGNED AND DATED BY THE HIGHEST RANKING CLERGY OR EXECUTIVE. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

## Section 1 – General information

1. Name of applicant:

2. Mailing address:

City:

State:

Zip Code:

Phone:

Website:

3. Risk management contact:

Phone:

Email:

4. Years in operation:

5. Number of locations:

6. Nature of Activities and Operations. Check all that apply:

After School Care

Hospitality

Resort

Aquatics

In-Home Services

Salon/Spa

Child Care

In-Patient Medical/Behavioural  
Health Services and Ambulatory Care

Schools

Colleges/Universities

Long Term/Senior Care Facilities

Social Services

Community Activities/Outreach

Massage Services

Sponsored Events

Congregant Care/Group Homes

Mentoring Programs

Third Party Use of  
Facilities/Locations

Counselling

Outpatient Behavioural Health  
Services

Transportation

Day Camps

Outpatient Medical Clinics

Virtual Operations

Drop-In/Recreation Centres

Overnight/Residential Activities and  
Programs

Youth Development

Foster Care Services

Property Manager

Youth Sports

Foundations

Religious Organizations

Operations outside of the US



7. Description of service:

8. Is coverage a contractual requirement? Yes No

9. Please complete financial data below:

Financial information	This year (20 )	Last year (20 )
Annual Revenues	\$	\$
Net income/loss or Net assets	\$	\$

10. Does the applicant have audited financials? Yes No

If 'Yes', please attach a copy.

11. Has the applicant merged with any other entity in the past 12 months or planning to do so in the future? Yes No

## Section 2 – Past coverage

12. Has the applicant previously purchased Sexual molestation Liability cover? Yes No  
 If 'Yes', please attach a copy of the policy or ask your broker to provide details.

13. Has the applicant ever had this type of coverage cancelled or non-renewed? Yes No  
 If 'Yes', please provide details below:

## Section 3 – Staff details

14. Please complete staff grid below:

	Number of employees	Number of independent contractors	Number of volunteers	% of males
Individuals with client contact				
Individuals without client contact				
<b>Totals:</b>				

15. How many minors are acting as employees, volunteers and independent contractors (included in the numbers above)? None

16. How many staff (employees, volunteers or independent contractors) are based in California? None



## Section 4 – Applicant Organizational Details

17. Will those listed in Section 3 ever host clients at their homes or spend time in the home of a client? Yes No  
 If 'Yes', please describe:
18. Are one-on-one encounters permitted with clients? Yes No  
 If 'Yes', please provide the percentage of time spent in one-on-one setting: %  
 If 'Yes', please explain when these situations occur and how the interactions are monitored:
19. Does the applicant ever host, sponsor or participate in overnight activities or events? Yes No  
 If 'Yes', please provide details:

## Section 5 – Client details (clients may include program participants, students, patients, etc.)

20. Client population

Type of client served	Total number of clients served annually	% Percentage served annually by age			
		0-10 yrs	%	11-18 yrs	%
Children/Youth		19-65 yrs	%	65+ yrs	%
Vulnerable Adults		19-65 yrs	%	65+ yrs	%
Other		19-65 yrs	%	65+ yrs	%

## Section 6 – Policies

21. How often are policies relating to abuse or molestation reviewed? Annually Other  
 If 'Other' please explain:
22. Are there specific written policies, that apply to all individuals listed in Section 3?

Written policy defining...	Yes	No
A zero tolerance for Abuse and Molestation policy?		
Appropriate and inappropriate physical, verbal and electronic interactions including (high fives, lap sitting, jokes, extent of disclosure of personal information, etc.)?		
Appropriate and inappropriate client interactions during in-home services?		
Does the applicant require the individuals identified in Section 3 to sign a written acknowledgement of receipt, review, and comprehension of your abuse or molestation policy(ies)?		



## Section 7 – Training

23. Does the applicant require all individuals identified in Section 3 to participate in training that addresses the following – please tick the relevant answer:

**All**                      **Client facing only**                      **None**

- a. The applicant’s policies related to preventing and responding to abuse as well as appropriate and inappropriate boundaries:
- b. How to respond to allegations or incidents of abuse, including applicable mandated abuse reporting requirements:

## Section 8 – Loss prevention methods

### Screening

24. Identify the methods used in the screening and hiring process for all individuals listed in Section 3.

	<b>Employees</b>		<b>Independent Contractors</b>		<b>Volunteers</b>		<b>Additional details</b>
<b>Standard application</b>	Y	N	Y	N	Y	N	
<b>Code of conduct</b>	Y	N	Y	N	Y	N	
<b>Interview</b> (Face-to-face or virtual)	Y	N	Y	N	Y	N	

### Criminal background check

Federal/Multi-State (National) Criminal Database(s) <i>Describe the source/how search collected: FBI fingerprint, SSN and name based, etc. If repeated - how often:</i>	Y	N	Y	N	Y	N	
National Sex Offender Registry <i>If repeated, how often:</i>	Y	N	Y	N	Y	N	
Do you immediately disqualify any employee, volunteer or independent contractor based on a negative result from the above checks	Y	N	Y	N	Y	N	

### Professional and/or personal reference checks.

Professional and/or personal reference checks.	Y	N	Y	N	Y	N	
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## Section 9 – Incident Reporting and Response

25. Does the applicant have a procedure to allow victims to report abuse?

Yes                      No



## Section 10 – Loss history

26. Please provide the past ten year’s loss history for all sexual abuse misconduct claims (including GL, Umbrella loss runs that included sexual abuse coverage). Attached      None
27. Is the applicant aware of any facts, incidents, circumstances, or allegations that may result in sexual abuse misconduct claims? Yes      No  
 If ‘Yes’, please provide details on a separate sheet of paper.
28. Has the applicant or any individual listed in Section 3 currently seeking coverage been involved in an allegation or claim relating to sexual abuse or been transferred to or from another location? Yes      No  
 If ‘Yes’, please provide details:
29. In the past 10 years, has any officer, employee, independent contractor or volunteer been terminated for cause related to sexually abusive behavior? Yes      No  
 If ‘Yes’, please provide details:

## Section 11 – Risk Management with Praesidium

30. Beazley Safeguard policyholders have access to Praesidium’s expert knowledge and targeted solutions to help strengthen their organizational abuse prevention efforts. For over thirty years Praesidium has helped thousands of organizations across industries that serve youth and vulnerable adults to protect those in their care. Whether your team provides direct programming, hosts others, or just works on-site as a contractor, we encourage you to take advantage of these prevention resources today.

The best place for information is [www.beazleysafeguard.com](http://www.beazleysafeguard.com) where you can learn more about these resources – most of which are available at no additional cost:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| Model Policies                  | Online training                 |
| Screening and Selection Toolkit | Crisis Response Toolkit         |
| Discounted background screening | Access to Praesidium’s Helpline |



THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

## **SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS NOT PROPERLY REPORTED UNDER THE TERMS AND CONDITIONS OF THE APPLICABLE POLICIES.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.



**FRAUD WARNING DISCLOSURE**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**NOTICE TO KENTUCKY, NEW JERSEY, OHIO AND PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.



**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's authorized signature of a principal, partner or officer:

Title:

Date:        /        /

Applicant's authorized signature of the individual in charge of the human resources or personnel department:

Title:

Date:        /        /

**If this Application is completed in Florida, please provide the Insurance Agent's name and license number. If this Application is completed in Iowa, please provide the Insurance Agent's name and signature only.**

Agent's signature\*:

Agent's printed name:

Florida agent's license number:

Return application to:  
CB Malaga Insurance Services LLC  
tel: 877-245-5887  
fax: 805-426-8540  
email: info@cbspecialty.com

