



SUPPLEMENT FOR SEXUAL ABUSE COVERAGE

IF SEXUAL ABUSE SUB-LIMITS ARE DESIRED:

1) Sub-limits requested: \$100,000/\$300,000 _____ \$1,000,000/\$3,000,000 _____
\$250,000/\$500,000 _____ Other: _____

2a) Are there written guidelines regarding sexual misconduct?

Yes _____ No _____

b) If no, are you willing to draw up & implement written guidelines within 30 days of binding?

Yes _____ No _____

3) Has any sexual abuse/misconduct claim or any other allegation of abuse ever been made against the firm or any of its employees, or is the applicant aware of any circumstances which may result in any claim?

Yes _____ No _____ If yes, please attach details

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

FOR KENTUCKY RISKS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)