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| ***ENTITY INFORMATION*** | | |
| Named Insured: | | |
| Do you enforce a written procedure for obtaining and maintaining background checks? Employees:  Volunteers: | Yes  No  Yes  No | |
| Do you ask applicants for employment and volunteers where they resided for the previous 5 years? Employees:  Volunteers: | Yes  No  Yes  No | |
| Are state background checks obtained for all states listed by an employment candidate or volunteer as a previous residence, or do you do a federal background check covering all states? | Yes  No  Yes  No | |
| Do you have a sexual abuse prevention program or procedures in place? | | Yes  No |
| Do you have policies and procedures regarding maintaining boundaries between employees/volunteers and clients? | Yes  No | |
| Do you have a written crisis plan for dealing with employees, victims, parents, authorities, and the media if you have an incident of abuse? | Yes  No | |
| Are there written reporting procedures and are they posted? | Yes  No | |
| Have written procedures, including rules, code of conduct, and disciplinary measures been established and provided to all staff and volunteers? | Yes  No | |
| Do written procedures clearly define the policy and consequences of non-adherence? | Yes  No | |
| Are records maintained documenting adherence to all applicable policies and procedures, e.g., hiring and screening, code of conduct, training, and follow-up procedures? | Yes  No | |
| Do volunteers have unsupervised contact with clients? | Yes  No | |
| Are volunteers trained in policies and procedures relating to the sexual abuse prevention program? | Yes  No | |
| Is formal training on sexual abuse, including how to recognize the signs, provided to employees and volunteers? | Yes  No | |
| Are there procedures in place to ensure there are no relationships between staff and clients? | Yes  No | |
| Are there procedures prohibiting closed door, one-on-one meetings and counseling? | Yes  No | |
| Is there more than one person responsible for the welfare of any one client? | Yes  No | |
| Have there been any claims arising from, or related to, sexual misconduct or sexual abuse in the past five years?  Date of Occurrence:  Amount Paid: $  Explanation of Allegation: | Yes  No | |
| Have you terminated any employee or stopped using any volunteer for cause related to sexual abuse? | Yes  No | |
| What procedures have you instituted or changed to reduce the chances of another occurrence? | Yes  No | |
| Does the organization offer an anonymous reporting tool? | | |
| Do you follow all applicable state laws for sexual abuse requirements and reporting? | Yes  No | |
| Is there a Sexual Abuse Coordinator that reports to a member of management? | Yes  No | |
|  | Yes  No | |

**Completed Applications Can Be Submitted To:**

**Byron Riche Phone: 800-407-2027**

**Clear Risk Solutions Fax: 509-754-3406**

**159 BASIN STREET SW PMB #206** [**briche@chooseclear.com**](mailto:briche@chooseclear.com)

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