Safeprotect Misconduct Liability (SML)

Application Form

US

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase, and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Company name:

Primary address (Address, State, ZIP, Country):

Risk management/ HR contact name:

Contact number: Contact email:

Website Address:

Number of years in operation: Number of locations:

Please describe your business activities/services:

1.2 Are you contractually required to carry this coverage: ☐ Yes ☐ No

If yes, please provide a copy of the contract.

1.3 Do you have expiring coverage: ☐ Yes ☐ No

If yes, please provide the following information:

Insurance Company: Premium $

Inception date (mm/dd/yyyy): Expiry date (mm/dd/yyyy):

USD per claim limit: $ USD aggregate limit: $

Retention/ Deductible: $ Retroactive date (mm/dd/yyyy):

1.4 Please state your total gross revenues: $

©1999-2025 CFC Underwriting Ltd, All Rights Reserved

Section 2: Employee Details

2.1 Please provide details for all employees:

	Staff	% of count that are male
Number of employees:		%
Number of contractors:		%
Number of volunteers:		%
Number of 'other' staff (temporary, seasonal etc):		%

2.2 Are any of the staff minors: ☐ Yes ☐ No

If "yes", please answer the following:

a. please confirm how many are minors:

b. please confirm minor staff are supervised by an adult employee at all times: ☐ Yes ☐ No

2.3 Please confirm the annual turnover rate (%):

Section 3: Client Information

3.1 Please confirm the following:

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

Section 4: Loss Prevention

4.1 Please confirm which of the following methods are used in the screening and hiring process for each member of staff:

Loss Prevention Method	Employed	Volunteers	Contractors	Other	Additional information
Standard application	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Code of conduct	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Interview (Face to face or virtual)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Standard list of behavioral questions specific to role:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
More than 1 interview:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Criminal background checks					
Multi-State (National) Criminal Database(s) checks: *Please describe the source/how the search is completed e.g. FBI fingerprint, SSN and name based etc. And if repeated, how often:*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
National Sex Offender Registry: If repeated, how often:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Other: *E.g. Current country of residence; additional countries from last 7 years; State-based searches; MVR/DMV; International criminal checks; Abuse registry checks for licensed programs etc. And if repeated, how often:*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

©1999-2025 CFC Underwriting Ltd, All Rights Reserved

Section 4: Loss Prevention

4.2 Do you immediately disqualify any employee, contractor or volunteer in the event of a negative result following a criminal background and abuse registry check: ☐ Yes ☐ No

4.3 Do you have a written policy outlining appropriate and inappropriate interactions between all staff and children/youth or vulnerable adults: ☐ Yes ☐ No

4.4 Is this written policy signed by all members of staff prior to their employment and regular training provided to ensure company policies are adhered to: ☐ Yes ☐ No

4.5 Do you have a written policy preventing all members of staff from being alone (one on one) with a single child/youth or vulnerable adult: ☐ Yes ☐ No

If "no", please give full details on where one on one exposure could take place and how this exposure is monitored/controlled:

4.6 Do you have internal policies and procedures in place to allow victims to safely report abuse, and have a mandated reporter to manage the reporting of any sexual abuse as required by state law: ☐ Yes ☐ No

4.7 Do you provide training to all members of staff on how to report suspected or allegations of abuse whilst having clear procedures in place on how to do so: ☐ Yes ☐ No

4.8 Do you remove any member of staff who have been accused of abuse or sexual misconduct from their duties pending the results of an investigation: ☐ Yes ☐ No

Section 5: Areas of Exposure

5.1 Is there ever, or will there be, any overnight or residential exposure: ☐ Yes ☐ No

If "yes", please give full details on where this could take place, sleeping arrangements and the policies & procedures in place to monitor/control this exposure

5.2 Is there ever, or will there be, any in-home exposure either at the home of a third party or home of a member of staff: ☐ Yes ☐ No

If "yes", please give full details on the policies & procedures in place to monitor/control this exposure

CFC Underwriting Limited is Authorised and Regulated by the Financial Conduct Authority

©1999-2025 CFC Underwriting Ltd, All Rights Reserved

Section 5: Areas of Exposure

5.3 Is there ever, or will there be, any transportation services provided: ☐ Yes ☐ No

If "yes", is there always more than one adult present during transit: ☐ Yes ☐ No

5.4 If you are a property manager/owner, do you ever come into contact with any tenants: ☐ Yes ☐ No ☐ N/A

If "yes", please give full details on where this might take place and how you monitor/control this exposure:

5.5 Is there ever, or will there be, any travel or exposure outside of the United States: ☐ Yes ☐ No

If "yes", please give full details on where, durations, sleeping arrangements and the policies & procedures in place to monitor/control this exposure:

Section 6: Claims Experience

Please included all current loss runs for the past 10 years, if available.

6.1 Please state whether:

a. you are aware of any facts, incidents, circumstances or allegations that may result in a claim being made against you: ☐ Yes ☐ No

b. the company or any current or former staff member have been involved in an allegation or claim of sexual misconduct: ☐ Yes ☐ No

c. in the last 10 years, there has been any complaint, allegation, circumstance or claim of sexual misconduct reported to you or made against the company: ☐ Yes ☐ No

If you have answered "yes" to any of the above then please provide a description of the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

CFC Underwriting Limited is Authorised and Regulated by the Financial Conduct Authority

©1999-2025 CFC Underwriting Ltd, All Rights Reserved

Additional Information

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit ***www.cfc.com/privacy***

Contact Name: Position:

Signature: Date (MM/DD/YYYY):

CFC Underwriting Limited is Authorised and Regulated by the Financial Conduct Authority

©1999-2025 CFC Underwriting Ltd, All Rights Reserved

ALABAMA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for 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.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: 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.

DISTRICT OF COLUMBIA FRAUD 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.

FLORIDA FRAUD WARNING: 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.

KANSAS FRAUD WARNING: 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 any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

KENTUCKY FRAUD WARNING: 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 insurance act, which is a crime.

LOUISIANA FRAUD WARNING: 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.

MAINE FRAUD WARNING: 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 denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who 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.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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 civil fines and criminal penalties.

NEW YORK FRAUD WARNING: 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 and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD 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.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA FRAUD WARNING: 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.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND FRAUD WARNING: 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.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VERMONT FRAUD WARNING: 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.

VIRGINIA FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA FRAUD WARNING: 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.