

Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Questionnaire

This coverage reimburses you for up to \$100,000 per claim and \$100,000 in the aggregate for defense costs resulting from claims arising out of abuse or molestation.

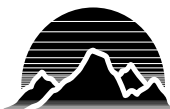
1. Are all prospective employees required to complete a written employment application? Yes No
2. Does your employment application ask the applicant if they have ever been convicted of a crime? Yes No
3. Are references obtained and checked prior to hiring a staff member? Yes No
4. Do you have frequent discussions with your staff on the importance of providing a safe environment for the children in your care? Yes No
5. Do you have written procedures for responding to a reported abuse incident? Yes No
6. Is a copy of the written procedure provided to each member of your staff? Yes No
7. Is mandatory notification to local law enforcement included in your written procedures? Yes No
8. Is suspension of the accused employee part of your written procedures? Yes No
9. Has any member of your organization ever been involved in an incident which resulted in an allegation of abuse or molestation? Yes No

I understand that the insurance company, in determining whether to provide coverage, will rely on the information contained in this form and all other information being submitted, I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct. (Please keep a copy for your records).

Named Insured: _____

Printed Name _____ Title _____

Signature _____ Date _____



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