



701 Rte. 73 S., Bldg. #2, Suite 105
Marlton, NJ 08053
(856) 797-9996
(856) 797-9997

**ALLIED HEALTH CARE PROFESSIONAL LIABILITY
SEXUAL ABUSE AND PHYSICAL ABUSE SUPPLEMENTAL APPLICATION**

- 1. Does your staff employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse-related offenses? Yes No
- 2. Do you discuss at staff orientation elder and/or child abuse or sexual abuse, and how to recognize the signs and what to do if a client or child reports that someone abused or molested him or her? Yes No
- 3. Do you have a supervision plan that monitors staff in the daily relationships with clients? Yes No
- 4. Do you have written procedures in place to handle complaints regarding sexual abuse of patients? Yes No

If "yes", please answer the following questions:

- a. Are employees instructed to immediately report incidents involving patients to the appropriate authorities? Yes No
 Are these instructions in writing? Yes No
 Do these instructions indicate who should receive the report? Yes No
- b. Are the sexual abuse procedures communicated to your employees? Yes No
 Are these procedures in writing? Yes No
 Do employees sign and acknowledge that they have read and understand these procedures? Yes No
- c. Are employees provided with written instructions regarding the confidentiality issues of these incidents? Yes No
- d. Are there written investigation procedures in place for the reported incident? Yes No

If any of the above answers are "No", please explain: _____

- 5. Have you ever had an incident which resulted in an allegation of sexual or physical abuse? Yes No

If yes, how many? _____

If yes, please complete a Claim/Circumstance/Administrative Hearings Supplement for each incident.

I/We understand that the information submitted herein becomes a part of the Professional Liability application and is subject to the same representations and conditions.

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.

APPLICABLE IN THE STATE OF NEW YORK: 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 CONTAINING 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.

Name of Applicant

Signature and Title of Principal (must be owner, partner or officer)

Date

Print Name and Title of Principal Signing Above