



**Kulin-Sohn Insurance Agency, Inc.**  
P.O. Box 1357, Arlington Heights, IL 60006-1357  
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Email applications to: Gmnst33@aol.com  
Website: <http://www.gymnasticsinsurance.com/>

## Abuse & Molestation Supplement

Kulin-Sohn Agent #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Submission or policy number: \_\_\_\_\_

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1. Do you have a formal, documented abuse policy?  Yes  No
- If yes, does it include the following?
- a. A screening process that includes background and reference checks, personal interviews prior to hiring and an employment application that asks questions about whether or not an applicant has been convicted of any crime?  Yes  No
- b. Documented, annual training with staff/volunteers including how to identify symptoms or signs of abuse with a recommended course of action?  Yes  No
- c. A plan of supervision that monitors staff in day-to-day relationships with clients/children, both on and off insured premises?  Yes  No
- d. A plan of direct supervision that monitors clients/children by sight and hearing with maximum visibility maintained throughout the facility?  Yes  No
- e. A clear policy regarding isolated or one-on-one situations?  Yes  No
- f. A policy with restrictions on use of electronic devices and social media, including interaction with clients/youth outside of normal work hours?  Yes  No
- g. Protocols on reporting incidences and suspicious or inappropriate behavior making clear what behaviors may be inappropriate (verbal comments, touching, etc.)?  Yes  No
- h. Maximum visibility maintained through facility design and clear guidance to staff on avoid access to closets, secluded areas, play tunnels, etc.?  Yes  No
- i. Review of any incident to determine if actions need to be taken to prevent any similar future incident?  Yes  No
2. Are criminal investigations/background checks allowed in your state/states?  Yes  No
3. Are criminal investigations/background checks conducted on all employees and volunteers before hiring and with recurring checks at least every three (3) years?  Yes  No
- If yes, do you include the following?
- a. A multi-state criminal search compiled for at least a five (5) year history?  Yes  No
- b. Check of the sex offender registry?  Yes  No
- c. A social security identification, alias trace and address history?  Yes  No
4. Is there a crisis management program in place?  Yes  No
5. Is supervision always 2 layered deep (at least 2 staff present at all times)?  Yes  No

6. Does the director or supervisor plan unscheduled walk-throughs of the facility?  Yes  No
7. If a residential facility, is there at least one of the same sex staff supervising male and female living areas at all times?  Yes  No
8. Have you had any abuse incidents, claims or suits, or do you have any knowledge or information which might reasonably be expected to give rise to a claim of sexual or physical abuse or molestation?  Yes  No  
If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

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**NOTE:** This supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_