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Sexual & Child Abuse Supplement

Would you like us to include a quote for sexual abuse/molestation coverage? Yes No
If yes, complete below.

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

1. Do you require each person in your employment that are involved with guest to complete an employment application whether paid, volunteer and/or exchange labor? Yes No
2. Does your employment application include questions about whether the individual has ever been convicted for Any crime, including sex related or child abuse related offenses? Yes No
3. Do you verify employment related references? Yes No
4. a. Does the state permit you to do a criminal background investigation on prospective employees, volunteer and/or exchange labor? Yes No
 b. If yes, do you routinely request and receive such background investigations? Yes No
5. Do you conduct a personal interview? Yes No
6. Do you discuss child/sexual abuse, how to recognize the signs, and what to do if a child/student/camper reports that someone molested him/her? Yes No
7. Do you have a written policy addressing individual contact that may occur off premises, between guest and employees, volunteer and/or exchange labor? Yes No
8. Do you have a written plan of supervision that monitors employees, volunteer &/or exchange labor in day to day relationships with guest both on and off premises? Yes No
9. Do you have a written crisis management plan with dealing with guest, employees, victim, parents, authorities, and media if you have an incident of abuse? Yes No
10. a. Have you ever had an incident which resulted in an allegation of physical or sexual abuse? Yes No
 If yes, please describe the allegation in full:

- b. What was the outcome of the claim:

- c. If damages were paid what was the total amount: \$_____

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.**

_____ Applicant's Signature	_____ Date	_____ Agent's Signature	_____ Date
Agency Name: _____		Agency Phone Number: _____	