

Account Number _____

Date _____

Named Insured _____

City/State _____

SEXUAL MISCONDUCT OR SEXUAL MOLESTATION SURVEY

1. Have any claims concerning sexual abuse or misconduct been made against your organization or someone within your organization?

Yes No

If yes, provide details: _____

2. Do you know of any circumstance that could lead to a claim of sexual misconduct or molestation against your organization or anyone within your organization?

Yes No

If yes, provide details (include name and current position of those convicted or admitting guilt):

3. Has any employee or volunteer with your organization been accused or convicted of sexual misconduct or molestation?

Yes No

If yes, provide details: _____

4. Does your denominational headquarters provide information regarding the employment, personal, and criminal history of the headquarter appointees?

Yes No

If yes, provide details: _____

5. Does your organization conduct a worker/volunteer selection or screening program? (For example: personal reference checks, police record checks, education verification, fingerprinting, personal interview with the worker/volunteer)

Yes No

If yes, provide details: _____

6. Do you currently have a training program in place to prevent the occurrence of sexual misconduct or molestation within your organization?

Yes No

If yes, provide details: _____

Remarks: _____

We encourage you to obtain and review our Child Sexual Abuse DVD and booklet with your employees and volunteers. These safety materials are free of charge and can be obtained from our website (www.churchmutual.com), or through the safety materials brochure included with your new policy.

Name of individual providing the information for completion of this document _____

Title _____

Date _____

**CHURCH MUTUAL INSURANCE COMPANY
MERRILL, WI**