ARROWHEAD
GENERAL INSURANCE AGENCY, INC.

Application for Tribal Insurance

Abusive Conduct Supplement

Named Insured					
Limit		Deductible		**Retroactive Date	
Number of Children by age category		Age:1-5	Age:6-12	Age:13-19	Age:20+
Number of Full-time staff paid			Number of Volunteer Staff		
Hours of Operation	Monday - Friday	From:		To:	
	Saturday - Sunday	From:		To:	
	Holidays	From:		To:	

Are criminal background checks run on all employees working with children				☐ Yes	☐ No
Do you have a policy addressing abuse, molestation or sexual harassment in all forms				☐ Yes	☐ No
Is the policy communicated annually in the appropriate language to	Staff	Volunteers		Parents/ Community	
Are employees/volunteers required to sign acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy				☐ Yes	☐ No
Is documentation maintained on annual training regarding abuse, molestation and sexual harassment for staff, students and volunteers				☐ Yes	☐ No
Please describe all field trips *(if any)*					☐ N/A
Have you ever had any abuse (including physical or sexual) sexual misconduct or sexual molestation (please describe below)				☐ Yes	☐ No
Do you lease space to a daycare or pre-school program not operated by you				☐ Yes	☐ No
Do the operators of this exposure have their own liability insurance, including coverage for abuse or molestation with limits at least equal to your limits (If no, please explain)				☐ Yes	☐ No
Are you named as additional insured on the operator's liability policy (which includes coverage for abuse or molestation)				☐ Yes	☐ No

***If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.*