

CMP Application

(page)

(account name)



Sexual Acts Coverage Request

This coverage request is required if screening credits or limits above \$300,000 are requested.

1. Does your ministry have a formal screening program designed to prevent acts of abuse or sexual misconduct? Yes No
 - a) If no, will you agree to implement a worker screening program? Yes No
(Resource materials will be provided to assist you.)
If yes, by what date could the program be implemented? _____
 - b) If yes, does your screening program ask employees and volunteer youth workers if they have ever participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct? Yes No
2. What is the approximate number of children involved in ministries offered by your organization? _____
3. Does your ministry require the presence of at least two adults during all child/youth ministries or activities? Yes No
4. Has your ministry ever had an allegation or lawsuit filed against you alleging any type of abuse or sexual misconduct? Yes No
(If yes, please provide details on reverse side of this form.)
5. Are you aware of any past or present situation in your ministry that could produce an allegation or lawsuit claiming any type of abuse or sexual misconduct? Yes No
(If yes, please provide details on the reverse side of this form.)
6. Are you aware of any current employee or ministry volunteer who has ever participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct? Yes No
(If yes, please provide details on the reverse side of this form.)
- 7a) Please provide details of any allegation or lawsuit charging any type of abuse or sexual misconduct filed against your ministry or any member of your ministry. Please do not identify any individuals by name in this explanation. (Provide details on reverse side of this form.)
- b) Please describe any past or present situation in your ministry that could produce an allegation or lawsuit claiming any type of abuse or sexual misconduct. Please do not identify any individuals by name in this explanation. (Provide details on reverse side of this form.)
- c) Please describe circumstances of any employee or ministry volunteer who has previously participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct? Please do not identify any individuals by name in this explanation. (Provide details on reverse side of this form.)

CMP application fraud warning applies.

Applicant's name: _____ Title: _____
(Please print)

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____