StaffPak

PEO Abuse and Molestation **Supplemental Application**

14241 Dallas Parkway, Suite 850 | Dallas, Texas 75254

Applicant Name: _____

Do any of your PEO client companies provide services directly to the following business segments and/or groups?

Healthcare: ☐ Yes ☐ No
Senior Care: ☐ Yes ☐ No
Group Home, Developmentally Challenged: ☐ Yes ☐ No
Child Day Care (including before and after school care): ☐ Yes ☐ No
Children and/or adolescents (under 18): ☐ Yes ☐ No

Total number of **client companies** in one or more of the above business segments and/or groups: _____
Total number of **worksite employees** in one or more of the above business segments and/or groups: _____

If yes to any of the above, please explain (continue on a separate sheet if necessary):

Do your risk management and loss control programs offer services to include the development of an Abuse Prevention Policy for your client companies? ☐ Yes ☐ No

What supervisory policies do you require clients to follow for your assigned employees working with minors or vulnerable populations?

How do you evaluate whether a worker is appropriate for placement in the environments with minors or vulnerable populations?

Does your client services agreement require your client companies to carry specific Abuse & Molestation limits? ☐ Yes ☐ No
Do you verify annually? ☐ Yes ☐ No
What is the required limit? $ _____

Do you conduct internal audits on Abuse & Molestation compliance? ☐ Yes ☐ No
If yes, how often? _____

Who conducts? _____

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.

Signature

Date

Print name: _____

Title: _____

Agent Signature

Date

Print agent name: _____

Agent License Number: _____
Required in the state of Florida