

# Sexual Misconduct Coverage Supplemental Application

PROASSURANCE  
**MID-CONTINENT**  
UNDERWRITERS, INC



Tax ID/SSN: \_\_\_\_\_

1. Applicant: \_\_\_\_\_

2. Has the applicant had any incidents or claims reported for sexual misconduct or any other allegation of abuse?

If yes, provide full details:

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the applicant or any employee, volunteer, or other person working for the applicant ever been arrested or convicted of a crime? If yes, provide full details:

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe all background checks performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there written guidelines regarding sexual misconduct? If yes, provide copies of all policies and procedures including training materials.

Yes  No

6. What steps have been taken to prevent or avoid a sexual misconduct incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Send submissions to: [midcsubmis@proassurance.com](mailto:midcsubmis@proassurance.com)

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