

NeitClem Wholesale Ins Brokerage Inc.  
 7442 North Figueroa St., Los Angeles CA 90041  
 323-258-2600 Fax 323-258-2676  
[neitclem@neitclem.com](mailto:neitclem@neitclem.com) [www.neitclem.com](http://www.neitclem.com)

**APPLICATION FOR WRONGFUL ACTS  
 COVERAGE**

**(CLAIMS MADE BASIS)**

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
 (PLEASE TYPE OR PRINT IN INK)

<b>1. APPLICANT INFORMATION</b>																
a. Full name of Applicant :																
b. Principal Business Address: <span style="float: right;">Business Phone:</span>																
c. Address of Secondary Location(s):																
d. Check all that apply: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit																
e. Limit of Liability Requested: _____ (per claim) _____ (agg.) Deductible (per claim): _____ Effective Date: _____																
<b>2. POLICIES AND PROCEDURES</b>	<b>3. OPERATIONS</b>															
a. Please describe the minimum qualifications and hiring procedures for staff/employees:	a. Please state the number of staff /employees/volunteers, etc.  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Category</u></th> <th style="text-align: center;"><u>Full Time</u></th> <th style="text-align: center;"><u>Part Time</u></th> </tr> </thead> <tbody> <tr> <td>(i) Administrative Staff</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>(ii) Professional Staff</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>(iii) Clerical Staff</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>(iv) Other (describe)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>Category</u>	<u>Full Time</u>	<u>Part Time</u>	(i) Administrative Staff	_____	_____	(ii) Professional Staff	_____	_____	(iii) Clerical Staff	_____	_____	(iv) Other (describe)	_____	_____
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(ii) Professional Staff	_____	_____														
(iii) Clerical Staff	_____	_____														
(iv) Other (describe)	_____	_____														
b. Does your state/jurisdiction allow direct questioning regarding past incidents, accusations, and/or claims relating to wrongful acts (unlawful sexual intimacy, sexual molestation or sexual assault)? <b>YES / NO</b>  Are these types of questions part of the pre-employment screening process? <b>YES / NO</b>	b. Please attach a separate sheet with the following client information:  (i) Type of Clients (ii) Appropriate number of clients (iii) Ages of Clients															
c. Please describe the established guidelines provided to staff/employees regarding standards of conduct:	c. List all past and present affiliations with other entities and describe the nature of the relationship in detail. Specifically indicate the period of affiliation.															
d. Please describe actions taken as a result of accusations or charges made relating to wrongful acts:																

