



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

**CHILDCARE SUPPLEMENTAL APPLICATION**  
**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**  
**ATTACH ADDITIONAL SHEETS AS NECESSARY.**  
**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

**GENERAL INFORMATION**

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$10,000*
- b) *Applicant's brochure, description of operations, or marketing materials if a website is not available*
- c) *A completed Kinsale General Casualty Schedule of Locations Supplemental Table for your premises*

3)

Mailing address:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Please complete the below table regarding your revenues:

	<b>Upcoming Year (est.):</b>	<b>Last 12 Months:</b>	<b>One Year Prior:</b>	<b>Two Years Prior:</b>	<b>Three Years Prior:</b>
<b>Revenue</b>					

5)

Audit/Inspection contact: \_\_\_\_\_  
 a. Phone number: \_\_\_\_\_  
 b. Email: \_\_\_\_\_

**OPERATIONS**

6) What ages of children attend all of your facilities? Check all that apply and provide the number of children under your care as well as the number of children per staff member:

Child Age Group	Number of Children	Number of Children Per Staff
<input type="checkbox"/> 0-12 months		
<input type="checkbox"/> 12-24 months		
<input type="checkbox"/> 2-3 Years Old		
<input type="checkbox"/> 3-5 Years Old		
<input type="checkbox"/> Elementary After School/Summer Care		
<input type="checkbox"/> Middle School After School/Summer Care		
<input type="checkbox"/> Special Needs Under 5 Years Old		
<input type="checkbox"/> Special Needs After School/Summer Care		
<input type="checkbox"/> Other: _____		

a. If special needs childcare is indicated above, please provide details including the condition(s) which you can accommodate, medical, social worker, or other professional specialty on staff, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? \_\_\_\_\_  
 \_\_\_\_\_

8) Are you licensed? Yes  No

a. If yes, please provide your license number: \_\_\_\_\_

9) What are your hours of operation each day?  
 a. Monday: \_\_\_\_\_  
 b. Tuesday: \_\_\_\_\_  
 c. Wednesday: \_\_\_\_\_  
 d. Thursday: \_\_\_\_\_  
 e. Friday: \_\_\_\_\_  
 f. Saturday: \_\_\_\_\_  
 g. Sunday: \_\_\_\_\_  
 h. If you are closed on any holidays, please list: \_\_\_\_\_  
 \_\_\_\_\_

10) Where do you provide childcare (commercial childcare facility, your home, client home, contracted at the location of a 3rd party commercial entity, etc.)? \_\_\_\_\_

11) What is your licensed capacity? \_\_\_\_\_

12) What is your median daily attendance range? \_\_\_\_\_

13) Do you have any classroom pets/animals on premise? Yes  No

a. If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

- 14) Are any children under your care longer than 12 hours at a time? Yes  No
- 15) Do you take children on field trips/off-premise excursions? Yes  No
- a. If yes, approximately how many annually? \_\_\_\_\_
- b. Which age group(s)? \_\_\_\_\_
- c. What location(s) do you typically take children to? \_\_\_\_\_
- c. Are any trips overnight? Yes  No
- d. Do you have extra staff/chaperones on trips? Yes  No
- e. Are permission slips signed by parents for each trip individually? Yes  No
- 16) Are any of the following features on your premise? Check all that apply:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Pool                        | <input type="checkbox"/> Lake, Pond, River, Creek | <input type="checkbox"/> Splash Pad              |
| <input type="checkbox"/> Sporting Courts             | <input type="checkbox"/> Private Playground       | <input type="checkbox"/> Public Playground       |
| <input type="checkbox"/> Bathing Facility or Hot Tub | <input type="checkbox"/> Trampoline               | <input type="checkbox"/> Inflatables/Moon Bounce |
| <input type="checkbox"/> Climbing Wall               | <input type="checkbox"/> Gymnastics Equipment     | <input type="checkbox"/> Ball Pits               |
- 17) If you indicated pools or bodies of water in 16), please complete the following:
- a. How many pools or other water hazards do you have? \_\_\_\_\_
- b. Do you have any diving boards, slides or other recreational aquatic equipment? Yes  No
- c. Are areas around pools fully fenced/enclosed with a self-locking gate or door? Yes  No
- d. Are water depths clearly marked? Yes  No
- e. Is a lifeguard on duty at all times when the pool or body of water is open? Yes  No
- f. Are warning signs and rules posted in a visible area? Yes  No
- g. Have all pools been fitted with anti-vortex drain covers? Yes  No
- h. How frequently are pool pH levels checked? \_\_\_\_\_
- i. How frequently are pools closed for sanitation/chemical shocking? \_\_\_\_\_
- 18) Are all outdoor play areas fully fenced? Yes  No
- 19) Do you provide any physical education/sport training to children (martial arts, contact sports, cheerleading, gymnastics, swimming, etc.)? Yes  No
- a. If yes, please describe: \_\_\_\_\_

### STAFF INFORMATION

- 20) Which of the following procedures do you use for hiring/screening employees? Check all that apply:
- |   |   |
|---|---|
| <input type="checkbox"/> Psychological testing  | <input type="checkbox"/> Personality assessment                     |
| <input type="checkbox"/> Check of previous employers – In writing   | <input type="checkbox"/> Check of previous employers – By telephone |
| <input type="checkbox"/> Criminal background check – State  | <input type="checkbox"/> Criminal background check – Federal        |
| <input type="checkbox"/> Driver's license verification  | <input type="checkbox"/> MVR Check                                  |
| <input type="checkbox"/> Drug screening   | <input type="checkbox"/> Alcohol screening                          |
| <input type="checkbox"/> Abuse screening  | <input type="checkbox"/> Reference verification                     |
| <input type="checkbox"/> Verification of license validity, suspensions, revocations, citations, or pending disciplinary actions |   |
| <input type="checkbox"/> Verification of any pending disciplinary actions by current or previous employers                      |   |
| <input type="checkbox"/> Other: _____   |   |
- 21) Do you have a written procedure for dealing with suspected, alleged, or actual sexual abuse? Yes  No
- a. If yes, please attach a copy.

- 22) Do you have a plan of supervision that monitors staff in day-to-day relationships with children? Yes  No
- 23) What is the minimum age requirement to work or volunteer at your facility? \_\_\_\_\_

### SAFETY INFORMATION

- 24) Does each classroom have a smoke or heat detector? Yes  No   
 a. If yes, is it hard-wired, battery powered, or both? \_\_\_\_\_
- 25) Does each classroom have a carbon monoxide detector? Yes  No   
 a. If yes, is it hard-wired, battery powered, or both? \_\_\_\_\_
- 26) How far are you from the nearest fire department? \_\_\_\_\_
- 27) Are there two or more means of egress from the building? Yes  No
- 28) What are your procedures and protocols for allowing a child to leave the premises with an adult? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 29) Which of these precautions are used to keep track of children? Check all that apply.  
 Sign In/Out Procedures       Head Counts       Door Alarms  
 Buddy System/Peer Accountability       Body-worn Monitoring Devices       Other: \_\_\_\_\_
- 30) When was your facility last inspected by the State or County office responsible for oversight of childcare facilities in your jurisdiction? \_\_\_\_\_  
 a. How many deficiencies were noted? \_\_\_\_\_  
 b. Was your corrective action plan accepted by the State/County? Yes  No   
 c. Date accepted: \_\_\_\_\_

### LOSS HISTORY

- 31) Has any licensing authority or professional association taken any action against you or any of your employees? **If yes, please attach an explanation and copies of all citations.** Yes  No
- 32) Have you had any Liability claims that were or were not covered by insurance? **If yes, please attach an explanation.** Yes  No
- 33) Has any owner, partner, manager, staff member, or volunteer ever had any actual or alleged incidents of child abuse or child molestation, whether substantiated or not, reported to you or any authorities? **If yes, please attach an explanation.** Yes  No
- 34) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? **If yes, please attach an explanation.** Yes  No
- 35) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes  No

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_