

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Day Care Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant Name _____ Agent _____

Applicant Mailing Address _____ Applicant Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

PREMISES

1. Number of years in business? ____ If new, describe prior experience: _____

2. Daycare facility located in Commercial Building Church Home Other (describe) _____

3. Physical description of facility: # of stories _____ Bldg. sq. footage _____ Portion occupied _____

Sole occupant Yes No

If no, list other occupants: _____

of exits _____ If multi-story building, do you occupy area above grade level? Yes No

Who is responsible for maintenance? _____

4. Food prepared on premises? Yes No

Is kitchen arranged so that the children do not have access to it? Yes No

5. Indicate all safety equipment located on premises.

Smoke detectors

Lighted exit signs

Fire extinguishers

Sprinklers

Child safety equipment

Fire alarms

Are all of the above inspected annually? Yes No

6. Have premises been inspected for compliance with building codes and health standards? Yes No

Has the facility been cited for health, safety or building code violations during last 3 years? Yes No

7. Is safety education provided for children? Yes No

Are fire drills conducted? Yes No

8. Is there an outdoor play area? Yes No

Is it fenced? Yes No

Describe ground cover of the play area.

____% Grass

____% Dirt

____% Sand

____% Concrete

____% Rock

____% Blacktop

____% Wood chips

____% Other _____

PREMISES (Continued)

9. Describe outdoor play equipment, including any unusual or special equipment. _____

Is all playground equipment properly anchored? Yes No

10. Any swimming facilities on premises? Yes No

- Above Ground Depth of Water _____ Diving board – Height _____
- Below Ground Fence – Height _____ Self Locking Gate
- Teach / Child Ratio _____ Age Levels of Participation _____ Waivers signed for Participation

11. Are special classes taught? Yes No

If yes, describe: _____

Estimated increase in enrollment _____ Additional staff hired? Yes No

12. Is summer day camp provided? Yes No

If yes, describe. _____

13. Do you offer off-premises activities? Yes No

If yes, describe: _____

What age levels participate? _____

Chaperon to child ratio? _____

14. Does the applicant provide before and after school care? Yes No

If yes, explain how children are transported. _____

15. Are procedures in place to verify that all after school children are accounted for? Yes No

16. Is there a formal drop off and pick up procedure in place? Yes No

Describe. _____

OPERATIONS

1. Is the risk licensed by the state? Yes No

If yes, provide license # _____ and Expiration Date _____

How long has applicant been licensed? _____ Indicate number of children licensed to handle: _____

Hours of Operation _____ AM _____ PM Days of Week Open Sun M Tu Wed Th Fr Sat

Average daily attendance ____ (Note: Supporting documentation must be available to qualify response)

2. Indicate the number of children and the number of attendants assigned to each age group:

AGE GROUP	# OF CHILDREN	# OF ATTENDANTS	FULL TIME (F/T) OR PART TIME (P/T) CARE
2 MONTHS TO 24 MONTHS	_____	_____	____ (F/T) ____ (P/T)
25 MONTHS TO 3 YEARS	_____	_____	____ (F/T) ____ (P/T)
4 YEARS TO 6 YEARS	_____	_____	____ (F/T) ____ (P/T)
BEFORE/AFTER SCHOOL AGE	_____	_____	____ (F/T) ____ (P/T)

OPERATIONS (continued)

3. Are "special needs" children cared for? Yes No
 If yes, explain _____

 Is applicant staffed with qualified individuals to handle these children and their special needs? Yes No
4. Describe qualifications of applicant (include education, years of experience and special training) _____

5. Are there any licensed teachers? Yes No
 Any nurse or health care professionals employed? Yes No
 Are all staff members 18 years or older? Yes No
 If no, explain. _____

6. Is there formalized employee screening and monitoring procedures in place? Yes No
 Are employee references checked? Yes No
 Does applicant check for criminal records? Yes No
7. Has any staff member, including applicant or a family member, been implicated, arrested, investigated or convicted of any crime other than a traffic violation? Yes No
 If yes, explain _____

8. How often are employee records updated? _____
9. Describe applicant's policy on illness (when sick children can and can not be in attendance). _____

10. Describe how an injury or illness is handled (**Attach** formalized procedures on the handling of emergencies). _____

11. Does applicant maintain a record of medical information (allergies, regular medications, doctor name and phone number, emergency numbers of parents etc.)? Yes No
 Does applicant require parents to provide medical care release? Yes No
 Do you dispense medication? Yes No
 Are all medications kept in a locked cabinet? Yes No
12. **Attach** a copy of the applicant's rules and discipline policy.

COMMERCIAL PROPERTY (Please provide complete information for each insured location. Attach separate sheet, if necessary.)

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

BUILDING INFORMATION

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
- EACH OCCURRENCE \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

OPTIONAL COVERAGE

ABUSE OR MOLESTATION LIMITED LIABILITY COVERAGE (You May Only Select One Option)

<input type="checkbox"/>	\$ 100,000 Each Event	\$ 300,000 Aggregate
<input type="checkbox"/>	\$ 500,000 Each Event	\$ 1,000,000 Aggregate
<input type="checkbox"/>	\$ 1,000,000 Each Event	\$ 2,000,000 Aggregate

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

PRIOR CARRIER HISTORY & LOSS INFORMATION (Continued)

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, Washington: 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 a denial of insurance benefits.

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

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

New York: 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 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 five thousand dollars and the stated value of the claim for each such violation.

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

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

Producer's Signature

Date

Applicant's Signature

Date