



Child Care Product

CHILD CARE PRODUCT APPLICATION

All questions must be answered and application must be signed by applicant.

COVERAGE REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> General Liability & Professional
Complete Sections A, B, C, D, G, & H | <input type="checkbox"/> 100% Drop in Center
Complete Sections A, B, C, D, E, & G |
| <input type="checkbox"/> Package (Property/General Liability) & Professional
Complete Sections A, B, C, D, G, H, & K | <input type="checkbox"/> Extended or Night Time Center
Complete Sections A, B, C, D, F, & G |

SECTION A. GENERAL INFORMATION (List all locations for which coverage is desired)

- Applicant's Name: _____ DBA: _____
- Mailing Address: _____ City/State/ Zip: _____
- Insured Contact: _____
- Location Address: _____ City/State/ Zip: _____
- Phone: _____ Years in Business: _____
- Website address: _____ Email Address: _____
- Form of Business: Partnership Corporation LLC Non Profit Organization Individual
 Other _____
- Facility is located in: Commercial Building Applicant's Home Converted Dwelling (child care operations only)
 Parent/Guardian Co-ops Mommy & Me/Daddy and & Me center Other _____
- Is center located within or do you provide temporary child care services on the premises of another organization or operation? Yes No
(Professional and/or Abuse coverage may be limited)
 - If yes, please describe the other operations taking place at the premises: _____
 - Is the center owned and operated under this organization's legal entity? Yes No
 - Does this center share employees? Yes No
If yes, explain the duties of the shared employee for each operation: _____

- Total sq ft of building _____ Area occupied by the Applicant-sq ft. _____
Apartment Areas-Sq ft _____ # of apartment units area leased out to others-sq ft _____

- Loss Experience for General Liability and Property last three years (or number of years in business if less than three)

Check here for None

Date	Type/Description	Paid	Reserve	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

- Prior Carrier: _____ Expiration Date: _____
Was prior coverage ever cancelled or non-renewed? Yes No
If yes, please explain: _____
- Any other business operated by applicant other than Child Care? Yes No
If, yes please explain: _____

SECTION B. LICENSING INFORMATION

14. Are you: Licensed Registered Certified Exempt (explain) _____
 Other _____
15. Hours of operation: _____ Number of Days open per week: _____
(If open more than 14 hours or offers Night Time Care answer section F)
16. a. Licensed Capacity: _____ Please enter highest average daily attendance _____
 b. Is there a strict adherence to the staff to child ratio? Yes No
 c. Enter the MAXIMUM number of children on the premises, in each age group on the highest attendance date within the past 12 months:
- | | |
|--|-----------------------------------|
| # of children 0-24 months: _____ | # of staff members in room: _____ |
| # of children 25-35 months: _____ | # of staff members in room: _____ |
| # of children 3 years old: _____ | # of staff members in room: _____ |
| # of children 4-5 years old: _____ | # of staff members in room: _____ |
| # of children 6-8 years old: _____ | # of staff members in room: _____ |
| # of children 9-13 years old: _____ | # of staff members in room: _____ |
| # of children greater than 13 years old: _____ | # of staff members in room: _____ |
| Total # of children: _____ | Total # of staff members: _____ |
17. Any alleged or actual incidents regarding child molestation or abuse? Yes No
 If yes, please describe: _____
18. Has your license, registration or certification ever been revoked or suspended? No Yes
19. Is your operation currently under investigation for alleged violation of law? No Yes
20. Do you care for physically, medically or mentally challenged children or children with special needs? Yes No
 If yes, please answer the following questions:
 a. Age of each child: _____
 b. Describe conditions of each child: _____
 c. Describe procedures to care for special needs of children: _____
 d. Describe medical procedures required: _____
 e. Describe training or experience of staff to care for special needs: _____
21. Are you a 100% drop-in center? Yes No
(If yes, please answer Section E)

SECTION C. RESIDENTIAL/FAMILY CHILD CARE Not Applicable

22. Has operation been inspected by: (If any violations cited, please provide a copy of the inspection and documentation of compliance)
- | | | | |
|--|---|-----------------------|--|
| <input type="checkbox"/> State Licensing Agency | <input type="checkbox"/> No <input type="checkbox"/> Yes: Date: _____ | Any violations cited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Fire Marshall | <input type="checkbox"/> No <input type="checkbox"/> Yes: Date: _____ | Any violations cited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Department of Health | <input type="checkbox"/> No <input type="checkbox"/> Yes: Date: _____ | Any violations cited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Prior Insurance Company | <input type="checkbox"/> No <input type="checkbox"/> Yes: Date: _____ | Any violations cited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes: Date: _____ | Any violations cited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note* Residential Child Care Centers must be in accordance with company ratios recommended by the National Association for the Education of Young Children (NAEYC) and the American Academy of Pediatrics (0-24 months- 1:4; 25-35 months- 1:5; 3 years- 1:7; 4-5 years- 1:8; 6-8 years- 1:10; 9-12 years 1:12)

SECTION D. GENERAL ELIGIBILITY

		Eligible	Ineligible
23. Is this risk a Nanny service, Referral Agency, or Adoption Agency?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
24. Is an application with complete medical, emergency and contact information signed by a parent or legal guardian obtained for children, including drop-in, prior to their stay?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Do you have any outstanding violations cited in an inspection that have not been corrected within the deadline for compliance?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
26. Does your pre-employment screening include verification that employees and/or volunteer worker providing care on a regular basis have never been convicted of any crime, including sex-related or child abuse related offenses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Is this a mobile operation not subject to any one states regulation or licensing requirements?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
28. If required by state, are background checks being conducted on all care providers? (If background checks are not performed on all employees, Molestation and Abuse coverage is not available)	<input type="checkbox"/> Not Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Is this operation an adult daycare or facility that operates both child and adult care facilities at the same location?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
30. Is the outside play area 100% fenced?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Is there an on premises swimming pool or wading pool deeper than 24 inches?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
32. Is there a Jacuzzi or spa on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If yes, is this Jacuzzi or spa covered and located in an area that is not accessible by children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Any trampolines, gymnastic equipment, homemade play equipment, moon bounce/walk, climbing wall equipment or ball pits?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
34. Any martial arts, gymnastics (not tumbling), or contact sports?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
35. Are over-the-counter drugs dispensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If yes, are the drugs dispensed with the parents' written instructions that do not violate the manufacturers' instructions and documented in a written log including time, amount of dosage and sign off when administered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Are prescription drugs dispensed with parents' and physicians' written instructions and documented in a written log to include time, amount of dosage and sign off when administered?	<input type="checkbox"/> Not Dispensed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Are there any employed or contracted physicians or nurses providing medical care?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
38. Employees under the age of 18 and all volunteers are supervised at all times?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Infants are placed in cribs and not placed on beds during naptime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Children are supervised constantly at all times including naptime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Are kitchen facilities/heating appliances in an area that is not accessible by children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Is any child in the facility more than 12 hours?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
43. Are trips taken to lakes, beaches, water parks, other residential pools, skating rinks, skiing, or amusement parks or are overnight trips taken?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
44. Are permission slips signed by parent/guardian for all trips off premises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Do any children require invasive medical procedures?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
46. Is all electric on functioning and operational circuit breakers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Any aluminum wiring?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
48. Are smoke and/or heat detectors in all units and/or occupancies functioning and operational?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Does the applicant have tax liens on any property or filed for bankruptcy in the past 5 years?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
50. Are there two or more means of egress (exits) from the building?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Are wood stoves, space heaters or temporary heating units being used on the premises?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

SECTION E. 100% DROP-IN CENTER

52. Any care for children over the age of 12?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> No	<input type="checkbox"/> Yes
53. Any care providing staff members under the age of 18?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
54. Do you offer a "sick child" facility?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
55. Does this center operate an indoor family entertainment play center?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

SECTION F. EXTENDED OR NIGHT TIME CHILD CARE Not Applicable **Eligible** **Ineligible**

56. Is the facility licensed for nighttime care? N/A Yes No
57. Is the facility locked and/or alarmed after 7 PM? Yes No
58. Are there at least two staff members on duty at all times? Yes No
59. Number of children cared for from 9:00 PM until 6 AM: _____

SECTION G. RATING

60. Does the applicant have a dog, cat or other pets? No Yes
If yes, describe all pets, breeds, etc: _____
- a. Any previous injuries or claims caused by animals or pets to children while in applicant's care? No Yes
If yes, explain: _____
(See form L581 for animal exposure that will be excluded)
61. If this risk is a Mommy & Me/Daddy & Me, does parent stay on premises and participate in activities with child? Yes No
62. Any off premises trips taken? (Excluding neighbor walking trips) No Yes
a. If yes, please check one: 1-12 per year 13-25 per year 26-52 per year Over 52 per year
Please list complete details of all trips taken: _____
- b. Trips to public swimming pools? No Yes
63. Is there a wading pool 24 inches or less on the premises? No Yes
of wading pools: _____ # of Jacuzzis/ spas: _____
64. Is this child care center accredited by any of the following: If yes please select the specific agency.
NAA - National After school Association Yes No
NAEYC - National Association for the Education of Young Children Yes No
NAFCC - National Association for Family Child Care Yes No
NECPA - National Early Childhood Program Association Yes No
65. Is there an Accident and Health policy for the children in force? No Yes
If yes, please advise limits: \$2,000 \$3,000 \$5,000 \$10,000 Other: _____
(A credit to premium is available if a primary A & H policy is in force)
66. List any additional insured and their interest: _____

SECTION H. COMMERCIAL GENERAL LIABILITY

67. Limits of Liability Requested (Occurrence/ General Aggregate):
- a. General Liability: 100,000/100,000 100,000/300,000 300,000/300,000 300,000/600,000 500,000/500,000
 500,000/1 Mil 1 Mil/1 Mil 1 Mil/2 Mil 1 Mil/3 Mil
- b. Child Molestation & Abuse: 25,000/50,000 100,000/300,000 300,000/300,000 300,000/600,000
 300,000/600,000 500,000/500,000 500,000/1 Mil 1 Mil/1 Mil
- c. Do you wish to purchase reimbursement coverage for Certain Civil/ Criminal defense cost (for owners/ operators)? Yes No

SECTION I. HIRED/NON-OWNED LIABILITY COVERAGE No Coverage Desired**Eligible** **Ineligible**

68. Does applicant currently have a Commercial Auto Policy? No Yes
69. Do you transport children or any transportation of children using insured, employees, parent's vehicles or via contract service? No Yes
70. Coverage desired: Non-owned Auto Liability Hired/Non-owned Auto Liability

100,000 300,000 500,000 1 Mil

SECTION J. OPTIONAL COVERAGE

71. Do you wish to purchase Employer's Liability Coverage (OH, ND, WA, WY residents only)? Yes No
- a. Estimated annual payroll at this location \$ _____
- b. Coverage desired (Bodily Injury each Accident/ Bodily Injury each Disease/ Aggregate):
- 100,000/100,000/100,000 100,000/100,000/500,000 300,000/300,000/300,000 300,000/300,000/600,000
- 500,000/500,000/500,000 500,000/500,000/1,000,000 1,000,000/1,000,000/1,000,000
72. Do you wish to purchase Employee Benefits Coverage? Yes No
- Enter the total number of employees that qualify for benefits at each location. _____

SECTION K. COMMERCIAL PROPERTY No Coverage Desired

73. Cause of loss Basic Special Special excluding theft
74. Property deductible 500 1,000 2,500 5,000 Other _____
75. Building Construction _____ Protection Class _____ Area _____ sq. ft.
76. Building Age _____ Roof Age _____ Flat Pitched
- a. Year of update to Heating _____ Electric _____ Plumbing _____
- PVC Copper Other: _____
- b. Is there an active and functioning central burglar alarm? Yes No
- c. Is there a functioning sprinkler system covering 100% of the building? Yes No
77. Coverage Desired: Limit Building & Business Personal Property
- | | | | | | | | |
|-------------------------------|-------|-----------------------------|------------------------------|-------------|-----|----|-----|
| a. Building | _____ | <input type="checkbox"/> RC | <input type="checkbox"/> ACV | Coinsurance | 80 | 90 | 100 |
| b. Business Personal Property | _____ | <input type="checkbox"/> RC | <input type="checkbox"/> ACV | | | | |
| c. Business Income | _____ | 50 | 60 | 70 | 80 | 90 | 100 |
| | | or | 1/3 | 1/4 | 1/6 | | 125 |
- (Submit if Total Limits over \$500,000 for PC 1-8 or \$200,000 for PC 9-10)
- d. Scheduled Property Limits Fence _____ Garage/Storage _____ Playground Equipment _____
78. Value Plus Endorsement: (Property Enhancement Coverage) Yes No
79. Employee Dishonesty: 5,000 10,000 25,000 50,000 100,000
80. Money & Securities: 1,000 2,000 5,000
81. List any loss payees or mortgagees to be added: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: 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 and Washington Fraud Statement: 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.

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

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____