

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. Are there any other businesses operated from these premises? Yes No

5. Food prepared on premises? Yes No

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

6. Do children have access to any appliances that contain hot liquid, such as bottle warmers, crockpots, etc.? Yes No

7. Indicate all safety equipment located on premises.

- | | | |
|--|---|---|
| <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> Lighted exit signs | <input type="checkbox"/> Fire extinguishers |
| <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Child safety equipment | <input type="checkbox"/> Fire alarms |

Are all of the above inspected annually? Yes No

8. 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

9. Is safety education provided for children? Yes No

Are fire drills conducted? Yes No

10. 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)

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

Is all playground equipment properly anchored? Yes No
What is the height of the play equipment? _____
12. Any trampolines on premises? Yes No
If yes, what size? _____
13. Any swimming facilities on premises? Yes No
 Above Ground Depth of Water _____ Diving board – Height _____
 Below Ground Fence – Height _____ Self Locking Gate
 Wading Pool (temporary) Age Levels of Participation _____ Waivers signed for Participation
 Teach / Child Ratio _____
- Is the wading pool supervised during all use and emptied after each use? Yes No
14. Are special classes taught? Yes No
If yes, describe: _____

Estimated increase in enrollment _____ Additional staff hired? Yes No
15. Is summer day camp provided? Yes No
If yes, describe. _____

16. Does applicant offer off-premises activities? Yes No
If yes, describe: _____

What age levels participate? _____
Chaperone to child ratio? _____
Are permission slips signed by a parent/guardian obtained for any offsite activities? Yes No
How often does applicant offer off-premise activities? _____
17. Does applicant transport any children? Yes No
Does applicant carry commercial auto liability coverage? Yes No
If yes, what limits does applicant carry? _____
18. Does the applicant provide before and after school care? Yes No
19. Does applicant provide nanny or babysitting services, including nanny-finding, babysitter-match, or similar operations? Yes No
20. Does applicant offer any drop-in care? Yes No
If yes, is drop-in care provided at: Halls Hotel/Motels Malls/Shopping Centers Special Events
21. Does applicant offer parents' night out care? Yes No
If yes, what are applicant's pick up procedures? _____
22. Are procedures in place to verify that all children transported are accounted for? Yes No
23. Is there a formal drop off and pick up procedure in place? Yes No
Describe. _____

24. Are there any animals on-premise? Yes No
Please describe type/breed. _____

Do children have access to animals? Yes No

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. Has the risk had any violations during any state inspections? Yes No
 If yes, please describe. _____
 Have they corrected such violations? Yes No
 If no, please explain. _____

3. 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)

4. 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

5. Describe qualifications of applicant (include education, years of experience and special training) _____

6. 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. _____

7. Is there formalized employee screening and monitoring procedures in place? Yes No
 Are employee references checked? Yes No
 Does applicant perform a background check including search for criminal records? Yes No
 For in-home risks, are background checks performed for any temporary or permanent resident over the age of 18? Yes No

8. 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 _____

9. How often are employee records updated? _____

OPERATIONS (continued)

10. Describe applicant's policy on illness (when sick children can and can not be in attendance). _____

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

12. 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
13. **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

Each Event \$ _____

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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

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

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.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: 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.

Ohio

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

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date