

COMMERCIAL PAK

Hereth Insurance Consulting Quote Information

Client _____

Submission Date _____

Submitted By _____

Please Quote These Lines of Coverage

- ☐ General Liability
- ☐ Property
- ☐ Inland Marine
- ☐ Business Auto
- ☐ Workers Compensation
- ☐ Umbrella
- ☐ Life
- ☐ Other Coverage

Current Insurance Company _____

Current Insurance Agency _____

Expiration Date of Current Policies _____

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Hereth Insurance Consulting
Phone: 573-475-4015
Email: Jordan@Herethinsuranceconsulting.com

GENERAL APPLICANT INFORMATION**- COMMERCIAL PAK**

SUBMISSION DATE _____

BUSINESS NAME _____

CONTACT NAME _____ POSITION _____

MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

WEBSITE _____

PHONE _____ FAX _____ CELL _____

Federal ID _____

Years in Business _____

Type of Business: ☐ Corp ☐ LLC ☐ Sole Prop ☐ Partner ☐ Other _____

Owners:	Name	Title	% Owned	DOB	SSN
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Status of Submission**: Current Carrier:**: ☐ Currently Insured ____ # Years

: With Who:

:

:

☐ Quote - Need Quote Back: _____☐ Target Premium Needed: _____**Full Description of Business Operations**

GENERAL LIABILITY SECTION

Occurrence Limit _____ PD Deductible _____ Now Paying _____

General Aggregate _____ Medical Expense _____

Products – Completed Ops Aggregate _____ Fire Damage _____

- | | |
|---|---|
| <input type="checkbox"/> Occurrence | <input type="checkbox"/> EPLI |
| <input type="checkbox"/> Claims Made Retro Date _____ | <input type="checkbox"/> Directors and Officers |
| <input type="checkbox"/> Per Project Aggregate | <input type="checkbox"/> Pollution |
| <input type="checkbox"/> Additional Insured Required | |
| <input type="checkbox"/> Waiver of Subrogation Required | |

Description of Work Performed or Product Produced	Current Code (if available)	Payroll or Gross Sales
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Actual Payroll _____ Average Number of Employees _____

Describe any use of subcontractors, names and amount paid to each:

Describe additional insured or waiver of subrogation requirements:

Describe any other special liability situation or requirements with this applicant:

PROPERTY SECTION

BUILDING #1

Now Paying _____

Physical Location Address _____
(if different from mailing address)

☐ **Applicant Owns Building**

☐ **Applicant Rents Building – List Owner** _____

Responding Fire Department _____ **Dist to FD** _____ **Dist to Hydrant** _____

Square Foot _____ **Type of Heat** _____ **Describe Other Occupants**

Construction: ☐ **Frame**

☐ **Masonry NC** ☐ **Masonry** ☐ **Non Combustible**

Age of Building _____

Building Limit _____ **Ded** _____ **Description of Use** _____

Contents Limit _____ **Ded** _____ **Description of Contents** _____

Business Property of Others _____ **Ded** _____ **Describe any other coverage needs:**

Lien Holder:

INLAND MARINE SECTION

Describe Item	Year	Model	Serial #	Now Paying Deductible	\$ Limit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Add Blanket Tool Coverage (small items under \$1,000) \$ _____

Describe any special coverage need or situation for this applicant:

Lien Holders:

BUSINESS AUTO SECTION

Now Paying _____

Limits

Liability _____

UM/UIM _____

Med Pay _____

List Vehicle/Describe Use	VIN	Comp Ded	Coll Ded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Drivers Full Name	DOB	DL #	SSN	Violations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORKERS COMPENSATION SECTION

Now Paying _____

[] Currently Insured – Company _____

How Long _____

[] Experience Rated – Normal Anniversary Date _____

Current Mod _____

Class Code	Description of Work	# Full	#Part	Payroll
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Owners Included / Excluded Name	Title	Duties	% Owner	Inc/Exc	Actual Payroll
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COMMERCIAL UMBRELLA SECTION

Limit Requested \$ _____

Now Paying _____

If not quoting all lines of coverage please list all other underlying companies and current limits if you wish to have this umbrella provide coverage over those policies.

<u>Effective Date</u>	<u>Line of Underlying Coverage</u>	<u>Underlying Company</u>	<u>Underlying Liability Limit</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE SECTION

Name	DOB	Smoke Y/N	Describe Coverage Amount and Type Requested
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER COVERAGE SECTION

Describe:

LOSS / CLAIMS INFORMATION

Describe all claims paid and losses:



Mid America Specialty Markets
2800 Forum Blvd Suite 4B
Columbia, MO 65203
573-447-4990
agency@mail@midaminsurance.com

Childcare Questionnaire (Attached to an Acord Application)

Policy Number: _____

Applicant's name _____				
Address _____				
Street	City	State	Zip	
Applicant's website address _____		Contact's email address _____		

General Questions

- Center MUST be licensed or certified to be considered for coverage (Or "Registered" for Iowa only).
- Attach a copy of the state license
- Is the center: ☐ Licensed ☐ Certified ☐ Registered (Iowa Only) ☐ None (Attach a copy of license)
- How long has the center been in business? _____
- In the past 12 months, have any complaints been filed with the Licensing Board against applicant's facility?
☐ Yes ☐ No
If yes, please explain & provide documentation. _____
- In the past 3 years has any of the applicant's licenses been revoked, suspended or placed under probation?
☐ Yes ☐ No
If yes, please explain & provide documentation. _____
- How many children is the application licensed to care for? Loc 1 _____ Loc 2 _____ Loc 3 _____
- Is applicant licensed/certified for: (Grades 1-12 & home schools are not eligible)
☐ Infant Care ☐ 24 Hour Care ☐ Sick Child Care
☐ Before/After School Care ☐ K4/K5 ☐ Other _____
- What are the center's hours of operations? _____
- Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees? (If no, Abuse and Molestation coverage is not available.)
☐ Yes ☐ No
If yes, how often? _____
- Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective volunteers? (If no, Abuse and Molestation coverage is not available.)
☐ Yes ☐ No
If yes, how often? _____
- Does applicant have a Student Accident Insurance Policy in effect? ☐ Yes ☐ No

Employee Operations

If the applicant has any employees or volunteers, please complete all of the following questions.

- Indicate the number of employees: Full-time _____ Part-time _____
- Indicate the number of volunteers: Full-time _____ Part-time _____
- Has there ever been an allegation of sexual abuse made against the employee or volunteer?
☐ Yes ☐ No
If yes, please explain: _____



Other Occupancies

1. Is the center located in:
☐ Private Home ☐ Commercial Bldg. ☐ School
☐ Church ☐ Other (Describe) _____
- a. If located in a private home, provide the name of the homeowner's insurance company: _____
- b. If located in a commercial building, please answer all of the following:
Are there any other occupants in this building? ☐ Yes ☐ No
If yes, please list all other occupants _____
2. Does the applicant own the building? ☐ Yes ☐ No
- a. Does the insured lease any space to other tenants? ☐ Yes ☐ No
If yes, what is the square footage of the area leased out? _____
- b. Are any residential apartments located within this building? ☐ Yes ☐ No
NOTE: If there are more than 2 apartments, you must contact the NSI UW before submitting.
If yes, how many apartments: _____
You must attach a copy of the tenant's HO4 & Lease Agreement.

Transportation

If the applicant has any employees or volunteers, please complete all of the following questions.

1. Does the applicant provide any transportation of registrants? If yes, please answer the following:
☐ Yes ☐ No
- a. Do you transport children in:
☐ Private Vehicle ☐ Hired Vehicles ☐ Public Transportation ☐ Other _____
- b. What is the youngest age of any driver: _____
- c. Do you have a Commercial Auto policy? ☐ Yes ☐ No
If yes, provide name of company: _____

Water Activities

1. Does the applicant provide any on or off premises water activities? ☐ Yes ☐ No
If yes, answer the following questions:
- a. Describe any water activities on the premises:
☐ Pool ☐ Wading Pool (2 ft. or less) ☐ Other _____
- b. If there is a pool or wading pool, is it fenced? ☐ Yes ☐ No
- c. Is there a diving board? If yes, please contact NSI Underwriting Department. ☐ Yes ☐ No
- d. Is there a slide? If yes, please contact NSI Underwriting Department. ☐ Yes ☐ No
- e. Is there a certified life-guard on staff at the premise where the water activities are held? ☐ Yes ☐ No
- f. Are children allowed to participate in off-premises water activities?
If yes, please describe: _____
- g. Is written permission obtained from parents for any water activities? ☐ Yes ☐ No
If yes, please describe: _____

Other Activities

1. Is there a trampoline on the premises? ☐ Yes ☐ No
2. Is there any gymnastic equipment on the premises? ☐ Yes ☐ No
If yes, please describe: _____
3. Are there any dogs on the premises? ☐ Yes ☐ No
If yes, please list the breed and any previous biting history: _____
4. Are there any other pets or animals on the premises? ☐ Yes ☐ No
If yes, please describe: _____
5. Are the children allowed contact with any animals? ☐ Yes ☐ No
If yes, please describe: _____



Optional Liability Coverage

1. Check "Yes" if you would like us to include the following coverage in our quote. Check "No" if you do not want coverage.

<p>a. Abuse & Molestation Coverage - Optional Optional coverage is available for Physical Abuse or Sexual Molestation excluding the perpetrator. Multiple incidents to one person shall be deemed to be one occurrence and subject to coverage limits in effect at the time of the first incident. Coverage is limited with in the General Liability Limits. Prior to providing coverage, Childcare operators must conduct personal background checks on all employees and volunteers (and all residents 18 and older for in-home operations) or have signed affidavits as required by state statute. Background checks must be done regularly & maintained in file for all current & past employees including in-home residents (18 and older).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>b. Dog & Cat Liability Coverage (In-home centers only) This endorsement provides a \$50,000 Per Occurrence and \$50,000 General Aggregate Limit of liability for bodily injury or property damage arising out of the insured's ownership, care, custody and control of any dog and/or cat. It is only available for in-home operations. (Damages arising out of the insured's ownership, or care, custody, or control of any dog/and or cat are otherwise excluded from coverage).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>c. Hired & Non-Owned Auto Liability Hired Auto Liability covers bodily injury and property damage arising out of the maintenance or use of a hired auto by you or your employees in the course of your business. Hired auto means any auto you lease, hire, rent, or borrow. Non-Owned Liability covers bodily injury and property damage arising out of the use of any non-owned auto in your business, by any person other than you, in the course of your business. Non-owned auto means any auto you do not own, lease, hire, rent, or borrow which is used in connection with your business.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>d. Water Activities \$150,000/\$150,000 Limit This is an optional coverage to pay for bodily injury claims that arise out of the use, ownership, or maintenance of any body of water or pool whether the childcare water activities are on or off premises. This endorsement provides a \$150,000 per occurrence, \$150,000 general aggregate limit of coverage. <input type="checkbox"/> Pool <input type="checkbox"/> Wading Pool (2 feet or less)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>e. Water Activities On & Off Premises – Policy Limit The limit of liability for water activities is the same as, and included within the General Liability policy limit. This is an optional coverage to pay for bodily injury claims that arise out of the use, ownership, or maintenance of any body of water or pool whether the childcare water activities are on or off premises. (Certified lifeguard is required on premises for policy limits).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>f. Roll-on EPLI <input type="checkbox"/> 100,000 Limit <input type="checkbox"/> 250,000 (only available if 19 or less employees) Provide number of employees. _____ Coverage for any actual or alleged act of discrimination, harassment, wrongful discipline, and many other employee related practices that you become legally obligated to pay.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>g. Employee Benefit Liability Provide number of employees. _____ This is an optional coverage to pay for damages that are caused by any negligent act, error, or omission by you or any other person in connection with the administration of your "employee benefits program".</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Workers' Compensation (Not Applicable in Indiana, Kentucky, Michigan, and Ohio)

IF A QUOTE FOR WORKER'S COMPENSATION COVERAGE IS BEING REQUESTED

PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION

THREE YEAR LOSS HISTORY MUST BE SUBMITTED FOR ALL WORKER'S COMPENSATION QUOTES

1. Is there a written return to work program in place, to encourage/assist employees in rejoining the workforce?
If yes, please attach a copy.

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

_____		_____
Applicant's Signature		Date
_____	_____	_____
Agent's Signature	Agency Name	Date