



CHILDCARE CENTER – QUOTE REQUEST

General Information

Named Insured: _____ DBA: _____
 Mailing Address: _____
 Location Address: Same as Mailing _____
 Contact Name: _____ Phone: _____
 Website: _____ Email: _____
 Year Established: _____ Accredited by COA? Yes No Non-for-Profit? Yes No
 List accreditations, licensees, etc.: _____

Prior/Current Insurance? Yes No Expiration Date: _____ Any Claims? Yes No

Underwriting Information

License Capacity: _____ No. of Children Enrolled: _____ Number of Teachers: FT:___ PT:___
 Children / Teachers by Age Group: 0-12mo ___/___ 1-3yo ___/___ 4-5yo ___/___ 6+yo ___/___
 Total Employees: _____ Admin: FT:___ PT:___ Maint./Janitorial: FT___ PT___ Other: FT:___ PT:___

License ever been suspended?	Yes	No	Outstanding violations?	Yes	No
Hours of operation:	_____		Swimming or wading Pool?	Yes	No
Before/After school program?	Yes	No	Sick children Accepted?	Yes	No
Do you provide Transportation?	Yes	No	Any medications administered?	Yes	No
Volunteers Used?	Yes	No	Independent Contractors Used?	Yes	No
Animals on Premises?	Yes	No	Playground on Premises?	Yes	No
Any Special Classes Taught?	Yes	No	If "Yes" List:	_____	
Any children with Disability?	Yes	No	Percentage: Emotional:___ Physical:___ Developmental:___		

Premises Information

Type of location: Private Home Church School Commercial/Building Sqft: _____
 Construction type: Frame Joisted Masonry Masonry NC Other Year built: _____

Coverage Requested

General Liability: \$500,000 \$1,000,000 \$1,000,000/2,000,000 \$2,000,000/4,000,000 Other
 Property: Building/Imp: _____ Contents: _____ Business Income: _____
 Addn Coverage: Professional Liability Abuse and Molestation EPLI Workers Compensation
 Commercial Auto Other: _____

Notes