

APPLICATION - DAY CARE

BUSINESS INFORMATION

1. Named Insured _____
2. Mailing Address _____
Street _____ City _____ County _____ State _____ ZIP Code _____
3. Location of premises: Same as mailing address
 Other _____
4. Telephone () _____ Fax () _____
5. Contract person/phone #: Inspection _____
Accounting/Records _____
6. Business type: Individual Partnership Corporation LLC
 Trust Other _____
7. Operating as: For Profit Nonprofit Other _____
8. Interest of Named Insured in premises: Owner General Lessee Tenant Other _____
9. Part occupied by Named Insured: Entire Portion (____%) Other (*Lessor's Risk Only*)
10. Date business established _____ Years of experience _____

DESIRED TERMS AND CONDITIONS

1. Coverage desired: General Liability Professional Liability
 2. Limit of Liability Desired: \$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 Other _____
 3. Physical/Sexual Abuse: \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000
- Note: Standard coverage includes the following:**
 Damage to Premises Rented to You \$100,000
 Personal and Advertising Injury Same as Occurrence Limit
4. Medical Payments: \$1,000
 5. Effective Date Desired _____ Term Desired _____

TYPE OF FIRM

1. Type of firm: Drop-in Care All Ages Full-Time Care/No Infants - **Comm'l**
 Full-Time Care/All Ages - **Comm'l** Full-Time Care/No Infants - **In Home**
 Full-Time Care/All Ages - **In Home** Full-Time Care/Preschool - **Comm'l**
 Full-Time Care/ Infants - **Comm'l** Full-Time Care/Preschool - **In Home**
 Full-Time Care/Infants - **In Home** Full-Time Care/Sick Care
 Part-Time Care/Latch Key Programs

Description of operations _____

OPERATIONS

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Is facility licensed? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, indicate maximum number of children permitted by license in each age group: | | |
| 0 - 6 months | | |
| 6 months to 2 years | | |
| 2 years to 5 years | | |
| Over 5 years | | |
| 2. Has license ever been revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have any citations or warnings been issued? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, to either of the above questions, describe. _____ | | |
| _____ | | |
| 4. Are children accepted with: Physical, mental or emotional handicaps? | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic illnesses? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, indicate procedures/staff/equipment in place to handle. _____ | | |
| _____ | | |
| 5. a. Hours children are on premises: Monday - Friday _____ a.m. to _____ p.m. | | |
| Weekends _____ a.m. to _____ p.m. | | |
| b. Any overnight stays? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Average daily attendance: | | |
| Age | # of Children | # of Teachers |
| 1 to 6 months | | |
| 6 to 24 months | | |
| 2 to 5 years | | |
| 5 years + | | |
| 7. Do you provide temporary "drop-in" care? | <input type="checkbox"/> | <input type="checkbox"/> |

PREMISES

1. Is the facility located in a mobile home? Yes No
2. How often are premises inspected? _____ By whom? _____
Date of last inspection. _____
3. What floors, other than ground level, are open to children? (e.g. basement) _____
For what use _____
4. a. Condition of: Stairways Good Fair Poor No Stairway
 Stairway carpeting Good Fair Poor Not Carpeted
 Is stairwell lit? Yes No
- b. Safety procedures in event of fire _____
5. Safety equipment on premises: Smoke Detectors Sprinklers Fire Extinguishers
 Other _____
6. a. Are there pets on the premises? Yes No
 If yes, list type _____
- b. Are pets separated from the children? Yes No
7. Are there any natural bodies of water on or in close proximity to the premises (rivers, lakes, ponds, streams)? Yes No

- | | Yes | No |
|---|--------------------------|--------------------------|
| 8. a. Is the play area fully enclosed by a fence? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the play area contain a gate with a self-closing device? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are there any trampolines? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are there any swimming pools or swimming facilities on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is any equipment on hard surfaces, such as concrete or asphalt? | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of surface used under the playground equipment _____ | | |
| f. List and describe all play equipment. _____ | | |
| _____ | | |
| _____ | | |
| g. How often, and by whom, is playground equipment checked? _____ | | |

EMPLOYEE AND VOLUNTEER PROCEDURES AND STAFFING

- | | | |
|--|--------------------------|--------------------------|
| 1. Number of attendants on duty at all times _____ | | |
| <i>Attach a full description of education, background, qualifications of each attendant.</i> | | |
| | | |
| 2. Are the following checked on employees and volunteers? | | |
| Personal References | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous Employers | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal Background | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are records kept of all items checked (references, background checks, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is staff trained in First Aid? | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe training. _____ | | |
| _____ | | |
| _____ | | |

RISK MANAGEMENT

- | | | |
|---|--------------------------|--------------------------|
| 1. What procedures exist for: | | |
| a. Accidents, medical treatment, notification to parents _____ | | |
| b. Dispensing of prescribed medications _____ | | |
| c. Illness _____ | | |
| | | |
| d. Are any services subcontracted (transportation, maintenance, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are there any screening procedures in place for subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there written procedures/guidelines regarding discipline? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are they communicated to the parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are they reviewed with staff and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there written procedures/guidelines regarding abuse issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are they reviewed with staff and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are they reviewed with parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are any field trips or activities conducted away from premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, fully describe, including the estimated number of trips and/or activities. | | |
| _____ | | |
| _____ | | |
| _____ | | |
| a. Are parents required to sign "permission" forms for each field trip? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mode of transportation used for trips _____ | | |
| 5. Are any special instructions such as dance, tumbling, swimming, horseback riding, etc. provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, fully describe. _____ | | |
| _____ | | |

6. Are all incidents reported to your insurer? Yes No

Number in past 12 months _____

Describe procedures _____

PREVIOUS EXPERIENCE

1. a. Have you or any partner, officer, director, or employee ever been the subject of disciplinary action by a regulatory authority as a result of their professional activities? Yes No

 If yes, explain. _____

b. Have any claims been filed, or are you aware of any incidents involving physical or sexual abuse that could lead to a claim?

c. Are procedures in place for reporting incidents?

d. Are procedures communicated to and reviewed with the staff and volunteers?

2. **MISSOURI APPLICANTS: DO NOT ANSWER THIS QUESTION.**

Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years?

Yes No *If yes, give name of company, date and reason.*

PRIOR CARRIER INFORMATION FOR THE PAST THREE YEARS					
Year	Carrier	Policy Number	Coverage	Check if Claims-Made	Premium
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

3. Provide the following information for all claims, suits, or incidents which may give rise to a claim for the past five years. *Attach separate sheet if necessary.*

Dates (Month/Year)	Allegations	Amount	Paid	Reserve
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

 Signature of Applicant Title Date

 Signature of Producing Agent Date

 Agent Name and Address