



Applicant Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Is the applicant an In-Home Day Care Provider?  No  Yes (Attach Homeowners declarations)

State license number \_\_\_\_\_ Years at this location \_\_\_\_\_

Maximum number of children permitted by license \_\_\_\_\_ On site at any given time \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Location Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Effective Date \_\_\_\_\_

Years in business \_\_\_\_\_

Form of Business  Individual  Partnership  Corporation  Non-Profit Organization

Where is the business located?  Commercial building  Private residence

Submit details of any losses in the past 5 years. \_\_\_\_\_

Hours of operation \_\_\_\_\_ # of days open per week \_\_\_\_\_

License Capacity \_\_\_\_\_

### Commercial General Liability

1. Limits of Liability Requested:

General Liability  100/200  100/300  300/300  300/600  500/500  500/1Mil  1Mil/1Mil  1Mil/2Mil

2. Complete the child/staff ratios below including you own children you are providing care.

# children up to 1 yr. old _____	# staff _____	# children 6-12 yrs. old _____	# staff _____
# children 2-3 yrs. old _____	# staff _____	# children over 13 yrs. old _____	# staff _____
# children 4-5 yrs. old _____	# staff _____		

3. Are the student/staff ratios within state requirements?  Yes  No

# of full time staff \_\_\_\_\_ # licensed \_\_\_\_\_

# of part time staff \_\_\_\_\_ # licensed \_\_\_\_\_

4. # of wading pools \_\_\_\_\_ # of swimming pools \_\_\_\_\_

a. If there is a swimming pool do all of the following apply? No diving board, no sliding board, 4-ft. or higher fence with self locking gate, and a Red Cross or similarly qualified lifeguard is required at all times during swimming activities.  Yes  No

5. Any handicapped, retarded or special needs children cared for?  Yes  No

a. If yes, age of each \_\_\_\_\_

b. Describe affliction/needs. \_\_\_\_\_

c. List medication taken. \_\_\_\_\_

d. Medications given by center \_\_\_\_\_

e. Describe procedures, if any, to ensure the safety of all children. \_\_\_\_\_

f. Describe training or experience. \_\_\_\_\_

6. Do any of the following exposures exist? (If Submit, send details to your Home Office underwriter.)
- |   | Eligible                     | Submit                       | Prohibited                   |
|---|------------------------------|------------------------------|------------------------------|
| a. Any animals/pets other than dogs or cats?                            | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |                              |
| b. Is this a 24 hr. operations or overnight care?                       | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| c. Over 25 field trips per year?  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |                              |
| d. Any trampolines or gymnastic equipment?                              | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| e. Any employed or contracted physicians or nurses?                     | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |                              |
| f. Applicant is required to be licensed and is not?                     | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| g. Are there two or more means of egress from the building?             | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| h. Has there been a suspension or revocation of certificate or license? | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |                              |
7. a. Are meals served?  Yes  No If yes, \_\_\_\_\_% prepackaged \_\_\_\_\_% cooked  
 b. What type of cooking equipment? \_\_\_\_\_  
 c. Type of fire protection for cooking equipment \_\_\_\_\_  
 d. If Ansul system, how often serviced? \_\_\_\_\_  
 e. Do children have access to cooking area?  Yes  No
8. a. # of rooms in facility \_\_\_\_\_ # of exits on each floor \_\_\_\_\_  
 b. # and location of smoke detectors \_\_\_\_\_
9. a. Is play area fenced?  Yes  No Type of playground equipment \_\_\_\_\_  
 b. Type of surface under playground equipment \_\_\_\_\_
10. Does the applicant have a cat or dog?  Yes  No (If yes, list dog breed. \_\_\_\_\_)
11. Does the facility allow children to be dropped off that are not enrolled in the program?  Yes  No
12. Are field trips taken?  Yes  No If yes,  1-12 per year  13-25 per year  over 26 per year
13. Is an Accident and Health policy for the children in force?  Yes  No  
 If yes, advise limits.  \$2000  \$3000  \$5000  \$10,000  Other
14. List any additional insureds and their interest. \_\_\_\_\_
15. List all extra curriculum classes.  Gymnastics  Dance  Karate  Swimming  Team Sport  Other  
 \_\_\_\_\_

**Commercial Property:**

1. a. Is property prohibited in our Coastal Guidelines? (If yes, decline property.)  Yes  No  
 b. Cause of loss  Basic  Broad  Special  
 c. Property deductible  1,000  2,500  5,000  Other \_\_\_\_\_
2. Building Construction \_\_\_\_\_ Protection Class \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft.  
 Building Age \_\_\_\_\_ Year of update to: Roof \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Electric \_\_\_\_\_
3. Coverage Desired: **Limit** **Building & Business** **Personal**  
**Property**  
 Building (No residential bldgs.): \_\_\_\_\_  RC  ACV **Coinsurance**  80  90  100  
 Bus. Personal Property \_\_\_\_\_  RC  ACV  
 Business Income \_\_\_\_\_  50  60  70  80  90  100  125 or  1/3  1/4  1/6
4. List any loss payees or mortgagees to be added. \_\_\_\_\_

**Molestation & Abuse Insurance Application (Optional)**

Limits Requested (Each Claim/Aggregate)

(Note: 100/100 max limit available residential day care)

25/50  50/50  100/100  300/300  300/600  500/500  500/1000  1000/1000

1. Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime?

Yes  No If yes, please provide complete details. \_\_\_\_\_

\_\_\_\_\_

2. Has your family had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?  Yes  No If yes, please provide complete details. \_\_\_\_\_

\_\_\_\_\_

3. Has any facility with which you have been associated in the past ever had any incidents occur or claims brought against it while you were there?  Yes  No If yes, please provide complete details. \_\_\_\_\_

\_\_\_\_\_

4. Please describe your hiring procedures (attach copy).

5. Does your facility perform background checks on all employees and volunteers?  Yes  No If yes, describe type of checks performed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature & Date

Producer Name & Address

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

**COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY.**

