



COMMERCIAL CHILD CARE APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

SECTION I. GENERAL INFORMATION

- 1. Name of Applicant: Mailing Address:
2. DBA: City/State/Zip:
3. Insured Contact: Location Address:
4. Phone: City/State/Zip:
5. Years in Business:
6. If you have a website, include your website address:
a. Email Address:
7. Form of Business: Individual, Partnership, LLC, Corporation, NonProfit Organization, Other
8.* Is center located within the premises of another organization or operation?
a. If yes, please describe the other operations taking place at the premises:
b. Is the center owned and operated under this organization's legal entity?
c. Does the center share employees?
If yes, explain the duties of the shared employee for each operation:

9.* Loss History for the past five (5) years: If none, check here

Table with 5 columns: Date of Loss, Type/Description, Paid, Reserved, Open/Closed

- 10. Prior Carrier: Expiration Date:
a. Was prior coverage ever cancelled or non-renewed?
If yes, please explain:
11. Any other business operated by applicant other than Child Care?
If yes, please explain:

SECTION II. LICENSING INFORMATION

- 12. Are you: Licensed, Registered, Certified, Exempt (explain), Other:
13.*Hours of operation: (if over 14 hours, complete Extended hours/nighttime supplement)
Number of Days open per week:
14.*License Capacity:
15. Please enter highest average daily attendance
a. Enter the MAXIMUM number of children on the premises, in each age group on the highest attendance date within the past 12 months:
of children 0-24 months: # of staff members on duty:
of children 25-35 months: # of staff members on duty:
of children 3 years old: # of staff members on duty:
of children 4-5 years old: # of staff members on duty:
of children 6-8 years old: # of staff members on duty:
of children 9-12 years old: # of staff members on duty:
of children 13 or over: # of staff members on duty:
Total # of children: Total # of staff members:

SECTION III. ELIGIBILITY

16. Any alleged incidents regarding child molestation or abuse? Yes No
 If yes, please describe: _____
- 17.*Do you care for physically, medically or mentally challenged children or children with special needs? Yes No
 a. If yes, age of each: _____
 b. Describe conditions: _____
 c. Describe procedures to care for special needs of each child: _____
 d. Describe medical procedures required: _____
 e. Describe training or experience of staff to care for special needs: _____
18. Does the center provide drop in care? This is care for a child who attends on an irregular basis or as care is needed.
If yes, complete our drop-in supplement Yes No
19. Do any of the following exposures exist? **Eligible** **Ineligible**
- | | | |
|---|------------------------------|--|
| a. Has your license, registration or certification ever been revoked or suspended? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Do you have any outstanding violations cited in an inspection that have not been corrected within the deadline for compliance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Have there ever been any past incidents of actual physical or sexual abuse or molestation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Do you comply with the state's staff to child ratio at all times? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Is the outside play area fenced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Is there a swimming pool or wading pool deeper than 24 inches? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| g. Is there a Jacuzzi or spa on the premises covered and locked from access by children? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Are there trips taken to lakes, beaches, waterparks or other residential pools? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| i. Any trampolines, gymnastic equipment, moonwalk/bounce equipment, wall climbing, or ball pits? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| j. Are over the counter drugs dispensed according to the manufacturer's instructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1) Are over the counter drugs dispensed with parents written authorization stating dosage and times within a written log? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Are prescription drugs dispensed with parents' and physicians' written instructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Are there two or more means of egress from the building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Are criminal background check investigations conducted on all employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Employees under the age of 18 and all volunteers are supervised at all times? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Children are supervised constantly at all times including nap time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Any martial arts, gymnastics or contact sports? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| p. Are permission slips signed by parent/guardian for all trips off premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Any overnight field trips? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| r. Is all electric connected to functional and operational Circuit Breakers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| s. Any aluminum wiring? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| t. Are there functioning smoke detectors on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| u. Are kitchen facilities/heating appliances located in an area that is accessible by children? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

SECTION IV. RATING

20. Does the applicant have a dog, cat or other pets? Yes No
 If yes, describe all pets, breeds, etc: _____
- a. Any previous injuries or claims caused by animals or pets to children while in applicant's care? Yes No
 If yes, please explain: _____
 (See form L581 for animal exposures that will be excluded)
21. Any off premises trips taken? Yes No
 a. If yes, please check one: 1-12 per year 13-25 per year 26-52 per year Over 52 per year
 Provide details of trips: _____
 b. What controls are in place to prevent a child being lost? _____
- 22.*Is there a wading pool 24 inches or less on the premises? Yes No
 # of wading pools: _____
- 23.*Are any trips taken to public swimming pools? Yes No
24. Is an Accident and Health policy for the children in force? Yes No
 If yes, please advise limits: \$2,000 \$3,000 \$5,000 \$10,000 Other _____
 (A credit to premium is available if A&H policy is in force)
25. List any additional insureds and their interest: _____
26. Are there any extra curricular classes: None Gymnastics Dance Martial Arts Swimming
 Team Sport Tumbling Other _____

SECTION V. COMMERCIAL GENERAL LIABILITY

27. Limits of Liability Requested:

- a. General Liability: 100,000/100,000 100,000/300,000 300,000/300,000 300,000/600,000
 500,000/500,000 500,000/1Mil 1Mil/1Mil
- b. Child Molestation & Abuse: 100,000/100,000 100,000/300,000 300,000/300,000
 300,000/600,000 500,000/500,000 500,000/1Mil
 1Mil/2Mil 1Mil/3Mil
- c. Do you wish to purchase reimbursement coverage for Certain Civil/Criminal defense costs (for owners/operators) Yes No

SECTION VI. HIRED/NON-OWNED LIABILITY COVERAGE

No Coverage Desired

Eligible **Ineligible**

- 28.*Does applicant currently have a Commercial Auto Policy? No Yes
- 29.*Does applicant transport children themselves or via Contract service? No Yes
- 30.*Are employees permitted to use their own vehicles to transport children? No Yes
- 31. Coverage desired: Nonowned Auto Liability Hired/Nonowned Auto Liability
 100,000 300,000 500,000 1 Mil

SECTION VII. OPTIONAL COVERAGE

- 32. Do you wish to purchase Employers' Liability Coverage? Yes No
 (OH, ND, WA, WY residents only)
 a. Enter limit desired \$ _____
 b. Estimated annual payroll at this location \$ _____
- 33. Do you wish to purchase Employee Benefits Coverage? Yes No
 Enter the total number of employees that qualify for benefits at each location. _____
 \$25,000/\$50,000 \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1M \$1M/2M

SECTION VIII. COMMERCIAL PROPERTY

- 34. Cause of loss Basic Special Special excluding theft
- 35. Property deductible 500 1,000 2,500 5,000 Other _____
- 36. Building Construction _____ Protection Class _____ Area _____ Sq. Ft. _____
- 37. a. Building Age _____ Roof Age _____ Flat Pitched
 b. Year of update to: Heating _____ Electric _____ Plumbing _____ PVC Copper Other _____
 c. Is there an active functioning central station alarm? Yes No
 d. Is there a functioning sprinkler system covering 100% of the building? Yes No
- 38. Coverage Desired: **Limit** **Building & Business Personal Property**
 a. Building _____ RC ACV Coinsurance 80 90 100
 b. Business Personal Property _____ RC ACV
 c. Business Income _____ 50 60 70 80 90 100 125 or 1/3 1/4 1/6
 (Submit if Total Limits over \$500,000 PC 1-8 or \$200,000 PC 9-10)
 d. Scheduled Property Limits Fence _____ Garage/Storage _____ Playground Equipment _____
- 39. Value Plus Endorsement: (Property Enhancement coverages) Yes No
- 40. Employee Dishonesty: 5,000 10,000 25,000 50,000 100,000
- 41. Money & Securities 1,000 2,000 5,000
- 42. List any loss payees or mortgagees to be added: _____

Fraud Statement: Any person who knowingly and with the 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 may subject such person to criminal and/or civil penalties and other sanctions.
Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy

If the applicant is located in the State of New York, the State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.
 Name of Authorized Agent or Broker. _____
 Address. _____
 Mail Completed Application Through Local Agent or Broker to: _____

Applicant's Signature _____ (Owner or Officer) _____ Date _____
 Title _____