



APPLICATION - DAY CARE

BUSINESS INFORMATION

- 1. Named Insured
2. Mailing Address
3. Location of premises
4. Telephone ( ) Fax ( )
5. Contract person/phone #: Inspection Accounting/Records
6. Business type: Individual Partnership Corporation LLC
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
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/No Infants - In Home
Full-Time Care/All Ages - Comm'l Full-Time Care/All Ages - In Home Full-Time Care/Preschool - Comm'l Full-Time Care/Preschool - In Home
Full-Time Care/ Infants - Comm'l Full-Time Care/Infants - In Home Full-Time Care/Sick Care
Part-Time Care/Latch Key Programs

Description of operations

**OPERATIONS**

- |   |                          |                          |                      |
|---|--------------------------|--------------------------|----------------------|
|   | <b>Yes</b>               | <b>No</b>                |                      |
| 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 Has license ever been revoked or suspended?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:  | <b>Age</b>               | <b># of Children</b>     | <b># of Teachers</b> |
|   | 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?   | <input type="checkbox"/> Yes             | <input type="checkbox"/> 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                                | <input type="checkbox"/> Good       | <input type="checkbox"/> Fair               | <input type="checkbox"/> Poor | <input type="checkbox"/> No Stairway  |
|  | Stairway carpeting                       | <input type="checkbox"/> Good       | <input type="checkbox"/> Fair               | <input type="checkbox"/> Poor | <input type="checkbox"/> Not Carpeted |
|  | Is stairwell lit?                        | <input type="checkbox"/> Yes        | <input type="checkbox"/> No                 |                               |                                       |
| b. Safety procedures in event of fire _____  | _____                                    |                                     |   |                               |                                       |
| 5. Safety equipment on premises:   | <input type="checkbox"/> Smoke Detectors | <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Fire Extinguishers |                               |                                       |
| <input type="checkbox"/> Other _____   |  |                                     |   |                               |                                       |
| 6. a. Are there pets on the premises?  | <input type="checkbox"/>                 | <input type="checkbox"/>            | <b>Yes</b>                                  | <b>No</b>                     |                                       |
| If yes, list type _____  |  |                                     |   |                               |                                       |
| b. Are pets separated from the children?   | <input type="checkbox"/>                 | <input type="checkbox"/>            |   |                               |                                       |
| 7. Are there any natural bodies of water on or in close proximity to the premises (rivers, lakes, ponds, streams)? | <input type="checkbox"/>                 | <input type="checkbox"/>            |   |                               |                                       |

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 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. _____<br>_____<br>_____        |                          |                          |
| g. How often, and by whom, is playground equipment checked? _____       |                          |                          |

<b>EMPLOYEE AND VOLUNTEER PROCEDURES AND STAFFING</b>
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- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Number of attendants on duty at all times _____<br><i>Attach a full description of education, background, qualifications of each attendant.</i> |                          |                          |
| 2. Are the following checked on employees and volunteers?  | <b>Yes</b>               | <b>No</b>                |
| 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?<br>Describe training. _____<br>_____   | <input type="checkbox"/> | <input type="checkbox"/> |

<b>RISK MANAGEMENT</b>
------------------------

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 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.)?  | <b>Yes</b>               | <b>No</b>                |
| 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?  |                          |                          |
| 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?<br>If yes, fully describe, including the estimated number of trips and/or activities.<br>_____<br>_____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>If yes, fully describe. _____<br>_____                                       | <input type="checkbox"/> | <input type="checkbox"/> |

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