



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/All Ages - Comm'l Full-Time Care/All Ages - In Home Full-Time Care/All Ages - Comm'l Full-Time Care/Infants - Comm'l Full-Time Care/Infants - In Home Full-Time Care/Infants - In Home Full-Time Care/Preschool - Comm'l Full-Time Care/Preschool - 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?     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 \_\_\_\_\_
- |                                                                                                                    |                          |                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                    | <b>Yes</b>               | <b>No</b>                |
| 6. a. Are there pets on the premises?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____       |                          |                          |

**EMPLOYEE AND VOLUNTEER PROCEDURES AND STAFFING**

1. Number of attendants on duty at all times \_\_\_\_\_  
*Attach a full description of education, background, qualifications of each attendant.*
- |                                                                                 | <b>Yes</b>               | <b>No</b>                |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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. _____<br>_____<br>_____                                      |                          |                          |

**RISK MANAGEMENT**

1. What procedures exist for:
- |                                                                        |                          |                          |
|------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Accidents, medical treatment, notification to parents _____         |                          |                          |
| b. Dispensing of prescribed medications _____                          |                          |                          |
| c. Illness _____                                                       |                          |                          |
|                                                                        | <b>Yes</b>               | <b>No</b>                |
| 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?
- |                                                 |                          |                          |
|-------------------------------------------------|--------------------------|--------------------------|
| 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?
- |                                                 |                          |                          |
|-------------------------------------------------|--------------------------|--------------------------|
| a. Are they reviewed with staff and volunteers? |                          |                          |
| b. Are they reviewed with parents?              | <input type="checkbox"/> | <input type="checkbox"/> |
4. Are any field trips or activities conducted away from premises?  
 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? |                          |                          |
| b. Mode of transportation used for trips _____                          | <input type="checkbox"/> | <input type="checkbox"/> |
5. Are any special instructions such as dance, tumbling, swimming, horseback riding, etc. provided?  
 If yes, fully describe. \_\_\_\_\_  
 \_\_\_\_\_

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

Number in past 12 months \_\_\_\_\_

Describe procedures \_\_\_\_\_

**PREVIOUS EXPERIENCE**

- |                                                                                                                                                                                                              |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                              | <b>Yes</b>               | <b>No</b>                |
| 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?<br>If yes, explain. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have any claims been filed, or are you aware of any incidents involving physical or sexual abuse that could lead to a claim?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are procedures in place for reporting incidents?                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are procedures communicated to and reviewed with the staff and volunteers?                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |

**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