

DAY CARE APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

Phone Number for Inspection contact: _____

Web Address _____

Proposed Policy Period: _____ to: _____

Insured is Individual Partnership Corporation Joint Venture Other _____

PREMISES **Number of years in business?** _____ **If new, describe prior experience:** _____

2. Daycare facility located in: Commercial Building Church Home Other (describe) _____

3. Physical description of facility: # of stories? _____ Bldg. sq. footage _____ Portion occupied _____

Sole occupant..... Yes No

If no, list other occupants: _____

of exits _____ If multi-story building, do you occupy area above grade level? Yes No

Who is responsible for maintenance? _____

4. Food prepared on premises? Yes No

Is kitchen arranged so that the children do not have access to it? Yes No

5. Indicate all safety equipment located on premise.

Smoke detectors

Lighted exit signs

Fire extinguishers

Sprinklers

Child safety equipment

Fire alarms

Are all of the above inspected annually? Yes No

6. Have premises been inspected for compliance with building codes and health standards?..... Yes No

Has the facility been cited for health, safety or building code violations during last 3 years? Yes No

7. Is safety education provided for children? Yes No

Are fire drills conducted? Yes No

8. Is there an outdoor play area?..... Yes No

Fenced? Yes No

Describe ground cover of the play area.

_____% Grass

_____% Dirt

_____% Sand

_____% Concrete

_____% Rock

_____% Blacktop

_____% Wood chips

_____% Other _____

10. Describe outdoor play equipment, including any unusual or special equipment. _____

Is all playground equipment properly anchored? Yes No

11. Any swimming facilities on premises? Yes No

Above ground

Depth of Water _____

Diving board - Height _____

Below ground

Fenced - Height _____

Self locking gate

Teacher/child ratio _____

Age Levels of Participation _____

Waivers signed for Participation

12. Are special classes taught? Yes No
 If yes, describe: _____

 Estimated increase in enrollment _____ Additional staff hired? Yes No
13. Is summer day camp provided? Yes No
 If yes, describe: _____

14. Do you offer off-premises activities? Yes No
 If yes, describe: _____
 What age levels participate? _____
 Chaperon to child ratio? _____
15. Does the applicant provide before and after school care? Yes No
 If yes, explain how children are transported: _____

16. Are procedures in place to verify that all after school children are accounted for? Yes No

OPERATIONS

1. Is risk licensed by the state? Yes No
 If yes, provide license # _____ and Expiration Date _____
 How long has applicant been licensed? _____ Indicate number of children licensed for _____
 Hours of Operation _____ AM _____ PM _____ Days of Week Open Sun M Tu Wed Th Fr Sa
 Average daily attendance _____ Child / Teacher ratio _____
2. Are "special needs" children cared for? Yes No
 If yes, explain _____

 Is applicant staffed with qualified individuals to handle these children and their special needs? Yes No
3. Describe qualifications of applicant (include education, years of experience and special training) _____

4. Are there any licensed teachers? Yes No
 Any nurse or health care professionals employed? Yes No
 Are all staff members 18 years or older? Yes No
 If no, explain _____

5. Is there formalized employee screening and monitoring procedures in place? Yes No
 Are employee references checked? Yes No
 Does applicant check for criminal records? Yes No
6. Has any staff member, including applicant or a family member, been implicated, arrested, investigated or
 convicted of any crime other than a traffic violation? Yes No
 If yes, explain _____

7. How often are employee records updated? _____
8. Describe applicant's policy on illness (when sick children can and can not be in attendance). _____

9. Describe how an injury or illness is handled (attach formalized procedures on the handling of emergencies). _____

10. Does applicant maintain a record of medical information ?

(allergies, regular medications, doctor name and phone number, emergency numbers of parents etc.) Yes No

Does applicant require parents to provide medical care release? Yes No

Do you dispense medication? Yes No

Are all medications kept in a locked cabinet? Yes No

11. Please attach a copy of the applicants rules and discipline policy.

BUILDING INFORMATION:

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL Sq.			
PROTECTION CLASS:			
ALARM	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>

Year of latest update for: Roof _____ Plumbing _____ Wiring _____

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
Building	____%	\$ _____	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/>	A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> MARKET VALUE (SUBMIT) <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
BPP	____%	\$ _____			\$ _____	\$ _____	\$ _____
Business Income	____% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
Signs (Describe) _____					\$ _____	\$ _____	\$ _____
Total Limits					\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES:

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

PARTICIPATING COMPANIES:

NAME OF COMPANY _____ % PARTICIPATION _____ LIMITS _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ Included

PERSONAL & ADVERTISING INJURY \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR EXPERIENCE AND LOSSES

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.