

Tab or Click from field to field. Go back to previous field by hitting Shift+Tab. Help appears at lower left of the screen for most fields.

I. APPLICANT INFORMATION				
Named Insured				Eff. Date
Location Address	Street	City	State	Zip
email Address		Website		Fax
				Telephone:
Abuse Limits Requested <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> 250,000/500,000 <input type="checkbox"/> 500,000/1,000,000 <input type="checkbox"/> 1,000,000/2,000,000				
Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____				
Programs Offered <input type="checkbox"/> Commercial Childcare <input type="checkbox"/> Pre-school <input type="checkbox"/> Montessori <input type="checkbox"/> Headstart <input type="checkbox"/> Other Do you have a summer camp exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Facility opened _____ Number years under current ownership _____			FEIN number _____	

II. LOCATION INFORMATION (If multiple locations, complete additional location supplements)
<p>This Center is located in a:</p> <p><input type="checkbox"/> Private Home  <input type="checkbox"/> Church, or other religious affiliated facility  <input type="checkbox"/> Separate building  <input type="checkbox"/> School, and there are _____ school age (1<sup>st</sup> Grade or older) children enrolled in the school program or <input type="checkbox"/> center is providing a latch key program in a public school.  <input type="checkbox"/> Other, please explain _____</p> <p>The center is a _____ story building and has _____ square feet.</p> <p>If more than one story, are children located above or below ground? _____</p> <p>If yes, how many means of egress from that level? _____</p> <p>How old is the roof _____, electrical system _____ heating system _____ plumbing _____</p> <p><b>If roof and utilities not updated within the last 20 years, a copy of latest inspection required for each.</b></p>
<p>Is the structure a <input type="checkbox"/> Multiple Occupancy Facility <b>OR</b> <input type="checkbox"/> Freestanding building?</p> <p>Are there any individuals residing in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this structure a converted dwelling? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain any modifications made and when: _____</p> <p>Is the converted structure now zoned commercial? _____</p>
<p><b>LICENSING:</b></p> <ul style="list-style-type: none"> <li>Is this Center licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No The license expires on ____/____/____ The Center is licensed for a capacity of _____ children. <b>(Please attach a copy of license for each location)</b></li> <li>Has this Center's license ever been revoked, suspended or issued with contingencies? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>Is this Center Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, copies of accreditation certificates must be attached.</b></li> </ul>
<p>The Center is Open for operation: _____ hours per day; _____ days per week; _____ months per year.</p>

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**CURRENT ENROLLMENT:**

- The total enrollment of the Center is \_\_\_\_\_ children. There are \_\_\_\_\_ full-time students and \_\_\_\_\_ part-time students.
- The average daily attendance is \_\_\_\_\_
- The number of enrolled children with an emotional, mental or physical handicap or disability is \_\_\_\_\_. These handicaps include the following: \_\_\_\_\_
- The number of enrolled children that require a special diet is \_\_\_\_\_. These diets include the following:

**Staffing:** Please complete the **TOTAL** number of staff and **TOTAL** number of children by Age Group below (if attendance varies, use maximum possible number of children)

Age Group	Number of Staff	Number of Children
0 to 12 mos.		
1 year olds		
2 year olds		
3 year olds		
4 year olds		
5 year olds		
6 years and up		
	Total:	Total:

**III. MANAGEMENT EXPERIENCE and PROCEDURES**

Describe each Owner / Operator of the Center:

Name	Duties	Degree(s)	Child Care Experience
1) _____	1) _____	1) _____	1) _____
2) _____	2) _____	2) _____	2) _____
3) _____	3) _____	3) _____	3) _____

Is any staff under 18 years of age?  Yes  No **If YES**, describe duties \_\_\_\_\_

- Do you have an Accident & Health policy?  Yes  No • Is the coverage mandatory for all students? Yes  No
- Is the coverage  Primary or  Excess?

Which of the following do you utilize as part of your **employment screening process**? (Check all that apply)

- Background Check     MVR Check     Criminal Record Investigation     TB Test
- Drug/Alcohol Testing     Personal References     Verification of Education     Employment Application
- Fingerprint check     Pre-employment physical

- Does this screening process apply to **volunteers** as well?  No  Yes
- Any use of leased employees?  No  Yes

- Is a minimum of one staff member certified in **First Aid** present at all times?  No  Yes
- Is a minimum of one staff member certified in **CPR** present at all times?  No  Yes
- How many times per year do you conduct fire drills? \_\_\_\_\_ Times per year

- Are **special classes** (Gymnastics, Dance, Computer etc.) provided?  No  Yes **If YES**, which types? \_\_\_\_\_
- If an independent contractor on your premises teaches classes, do you require proof of insurance?  No  Yes

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- Do you provide sick child facilities?  No  Yes **If YES**, please explain \_\_\_\_\_
- Are medical evaluations from the child's physician or guardian required at enrollment?  No  Yes
- Is dispensing of medication subject to written instructions from physician?  No  Yes
- Are releases obtained from parents for emergency medical treatment and/or for the dispensing of medication?  No  Yes

**TRANSPORTATION:**

- Does your Center transport children between the center and a school?  No  Yes  
If yes, what is the average distance traveled? \_\_\_\_\_ Any major highways used? \_\_\_\_\_
- Does your Center transport children between their homes and the Center?  No  Yes
- Does your Center transport children on Field Trips?  No  Yes  
If yes, on average how far from the facility are the field trips? \_\_\_\_\_  
What is the maximum distance traveled? \_\_\_\_\_  
Are major highways used? \_\_\_\_\_
- Do all children wear safety restraints in the vehicle?  No  Yes
- Do you have a fleet or driver **safety program** in place?  No  Yes **If YES**, please describe
- Are all vehicles garaged at the center?  No  Yes If no, any youthful drivers, or a spouse in the household of where the vehicle is garaged?  No  Yes
- Do you have a **fleet maintenance program** in place?  No  Yes **If YES**, please describe
- Are all vehicles titled to the day care center?  No  Yes
- What is the percentage of personal use for any private passenger type vehicles? \_\_\_\_\_
- Do you obtain MVRS on your employees?  No  Yes  
How often? \_\_\_\_\_  
What criteria does employer use when evaluating MVR? \_\_\_\_\_
- Do any of the employees transport children in their cars?  No  Yes **If YES**, please describe \_\_\_\_\_  
Does the center require proof of liability insurance?  No  Yes What are the minimum limits required? \_\_\_\_\_
- Do any of the parents transport children in their cars on field trips?  No  Yes **If YES**, does the center require proof of liability insurance?  No  Yes What are the minimum limits required? \_\_\_\_\_

**FIFTEEN PASSENGER VANS:**

- Does Center own/operate any 15 passenger Vans?  No  Yes  
If yes, how many? \_\_\_\_\_
- Have any of the vans been modified to reduce rollover potential?  No  Yes  
If yes, please describe \_\_\_\_\_
- What is your plan for replacement of these vans (include timeframes and types of vehicles to be used as replacement)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Fifteen Passenger Van Drivers**

Name	License Number	CDL (Y/N)	Training/Experience in 15 passenger vans
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What is the usage of the Van? (Please be very specific—Daily pickups, to and from where, maximum distance, etc.)

Is van ever used on highway, or at speeds over 55 miles per hour?  No  Yes  
 If Yes, please provide details

What is a typical load for van (# adults including driver and # of children)

**ABUSE and MOLESTATION PROCEDURES**

- Do you have a **written policy and procedure** addressing child abuse and/or molestation?  No  Yes
- Are new hires placed on a probationary period?  No  Yes **IF YES**, please explain \_\_\_\_\_
- Are all caregivers (paid and volunteer) required to complete an employment application?  No  Yes
- Does the employment application include questions regarding convictions of any crimes, including child abuse offenses or any crimes of a sexual nature?  No  Yes
- Have any public authorities ever **investigated** you, your Center(s) or your past or present employees / volunteers relating to abuse or molestation?  No  Yes **IF YES**, please explain: \_\_\_\_\_
- Have any **allegations or civil or criminal actions** been brought against you, your Center(s) or your past or present employees / volunteers relating to abuse or molestation?  No  Yes **IF YES**, please explain \_\_\_\_\_
- Are you aware of any incidents, circumstances or actions, which may lead to an allegation of child abuse or molestation, being filed against your Center?  No  Yes **IF YES**, please explain: \_\_\_\_\_
- Have any claims been paid under the abuse and molestation coverage?  No  Yes **IF yes**, provide description below:

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**SECURITY:**

- Do you have a written **emergency / security plan** in place?  No  Yes
- Do you have a written **evacuation plan** in place?  No  Yes
- Are parents required to sign in and sign out students daily?  No  Yes
- Describe your policy on releasing or signing-out children into the custody of others: \_\_\_\_\_

**IV. OPERATIONS**

Does the Center provide overnight care?  No  Yes **If YES**, please describe the security policy \_\_\_\_\_

Does the Center accept drop-in children for the day?  No  Yes **If YES**, please describe the drop-in policy \_\_\_\_\_

• Approximately how many drop-in children are accepted weekly \_\_\_\_\_

**COOKING:**

• How are bottles warmed?  Microwave  Stove  Crock-pot  Hot plate If these devices are located inside the infant room, is the infants completely segregated from the heating device?  No  Yes

**OFF-PREMISES EXPOSURE:**

Are field trips taken?  No  Yes **If NO**, do you anticipate taking field trips in the future?  No  Yes

- Please describe the **types of trips**, their **frequency** and the **maximum distance traveled** below:  
 Types: \_\_\_\_\_  
 Frequency: \_\_\_\_\_ trips per year  
 Max Distance Traveled: \_\_\_\_\_ miles
- How are children transported? \_\_\_\_\_  
 What is the minimum age allowed on field trips? \_\_\_\_\_
- Do you obtain written permission from parents / guardians?  No  Yes
- Which of the following do you utilize during field trips? (check all that apply)  
 same color t-shirts for attendees  name tags  parent volunteers

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**PLAYGROUND:**

Does the facility have a playground?  No  Yes

**If YES,**

- Is the playground fenced-in?  No  Yes
- Is the playground equipment organized so that it is age-appropriate?  No  Yes
- Playground equipment is on what type of ground covering? \_\_\_\_\_
- How deep is the ground cover?
- Do playground equipment and toys meet the consumer safety code requirements?  No  Yes
- Do you have a trampoline on the premises?  No  Yes
- What is the maximum height of the playground equipment? ? \_\_\_\_\_
- How often is playground inspected?
- Describe routine maintenance procedures (include timeframes and maintenance performed)

**SWIMMING:**

Does the Center utilize Swimming facilities?  No  Yes

**If NO,** do you anticipate using swimming facilities in the future?  No  Yes

- Minimum age of children allowed in water \_\_\_\_\_
- Sliding boards?  No  Yes
- Pool depths marked?  No  Yes
- Is there self-locking gate(s)  No  Yes
- Lifeguard on duty?  No  Yes
- Which of the following describes the swimming facilities utilized (check all that apply)
  - Private Pool** -  Above ground  Below ground  Plastic  Cement Maximum depth of water \_\_\_\_\_ feet  
If private pool, who owns the pool? \_\_\_\_\_
  - Public Pool** -  Above ground  Below ground  Plastic  Cement Maximum depth of water \_\_\_\_\_ feet
  - Lake or Ocean** – How many trips per season? \_\_\_\_\_
  - Water Parks** – How many trips per season? \_\_\_\_\_
- Ratio of Staff supervision to children in pool during water play?
  - Number of Children **Under** 6 years of age \_\_\_\_\_ Number of Staff \_\_\_\_\_
  - Number of Children **Over** 6 years of age \_\_\_\_\_ Number of Staff \_\_\_\_\_

**IMPORTANT: Please provide attach following documentation:**

- a. Center License or copy of most recent State Inspection(s);

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- b. Fully completed and signed ACORD application;
- c. A minimum of three years past loss experience from prior carrier(s) including details of all losses over \$5,000; or a “no known” loss letter signed by the insured.
- d. List of all drivers, license numbers and dates of birth. MVRs if available;
- e. Photographs of each location **including playground equipment**;
- f. Photographs of all vehicles older than 8 years
- g. Copies of certificates for accredited programs insured may belong to.

**FRAUD WARNINGS**

**GENERAL FRAUD STATEMENT** (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

**NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO HAWAII APPLICANTS:** For your protection Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO UTAH APPLICANTS:** For your protection, Utah law requires the following to be included in this application: “Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

For Florida Applicants only: Agent’s Name: \_\_\_\_\_ FL License Number: \_\_\_\_\_

This application and the loss information shown in the attached ACORD applications are understood to be an inducement to the issuance of a policy of insurance by company and the applicant warrants that all answers to questions are true and correct to the best of applicant’s knowledge and belief. The undersigned authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Insured Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_