



Child Care Product

RESIDENTIAL CHILD CARE APPLICATION

All questions must be answered and application must be signed by applicant.

SECTION I. GENERAL INFORMATION

- Name of Applicant: _____ Mailing Address _____
- DBA: _____ City/State/Zip: _____
- Insured Contact: _____ Location Address: _____
- Phone: _____ City/State/Zip: _____
- Years in Business: _____
- If you have a website, include your website address: _____
a. Email Address: _____
- Form of Business: Individual Partnership LLC
 Corporation NonProfit Organization Other _____
- Family Child Care Home is located in a: Single Family Home Duplex Apartment Other _____
a. Does owner reside in the home? Yes No
- * **Loss History** for the past **five (5)** years: If none, check here

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

- Prior Carrier: _____ Expiration Date: _____
a. Was prior coverage ever cancelled or non-renewed? Yes No
If yes, please explain: _____
- * Any other business operated by applicant other than Child Care? Yes No
If yes, please explain: _____

SECTION II. LICENSING INFORMATION

- Are you: Licensed Registered Certified Exempt (explain): _____ Other: _____
- Hours of operation: _____ Number of Days open per week: _____
- * License Capacity: _____
- 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: _____ Maximum number of staff on duty at one time: _____
 # of children 25-35 months: _____
 # of children 3 years old: _____
 # of children 4-5 years old: _____
 # of children 6-8 years old: _____
 # of children 9-12 years old: _____
 # of children 13 or over: _____
 Total # of children: _____

Note* Risks must be in accordance with company ratios adopted from the National Association for the Education of Young Children (NAEYC) and the American Academy of Pediatrics.

(0-24 months-1:4; 25-35 months-1:5; 3 years-1:7; 4-5 years-1:8; 6-8 years-1:10; 9-12 years 1:12)

16. Has operation been inspected by:
- | | | | | | | |
|--|-----------------------------|-------------------------------|-------------|-----------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> State Licensing Agency | <input type="checkbox"/> No | <input type="checkbox"/> Yes: | Date: _____ | Any violations cited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Fire Marshall | <input type="checkbox"/> No | <input type="checkbox"/> Yes: | Date: _____ | Any violations cited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Department of Health | <input type="checkbox"/> No | <input type="checkbox"/> Yes: | Date: _____ | Any violations cited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prior Insurance Company | <input type="checkbox"/> No | <input type="checkbox"/> Yes: | Date: _____ | Any violations cited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes: | Date: _____ | Any violations cited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any violations cited, please provide a copy of the inspection and documentation of compliance.

SECTION III. ELIGIBILITY

17. Any alleged incidents regarding child molestation or abuse? Yes No
 If yes, please describe: _____

- 18.* Do you accept 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: _____

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. Have you ever had a past violation of non-compliance with state minimum staff to child ratios or violation being over state's allowable license capacity? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Is your operation currently under investigation for alleged violations of law? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. Do you care for children who are not enrolled in the family care home? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| g. Is the outside play area fenced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Is there a swimming pool or wading pool deeper than 24 inches? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| i. 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 |
| j. Are there trips taken to lakes, beaches, waterparks or other residential pools? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| k. Any trampolines, gymnastic equipment, moonwalk/bounce equipment, wall climbing, or ball pits? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| l. 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 |
| m. Are there two or more means of egress from the building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. If required by state, are background checks being conducted? | <input type="checkbox"/> Not required | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not required, skip to next question. If yes, complete the following: | | |
| Are background checks completed and on file for the following: (Check all that apply) | | |
| 1)Employees | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2)Owner/Operators | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3)Household Members | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o. Employees under the age of 18 and all volunteers are supervised at all times? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Infants are placed in cribs and not placed on beds during nap time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Children are supervised constantly at all times including nap time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| r. Any martial arts, gymnastics or contact sports? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| s. Are permission slips signed by parent/guardian for all trips off premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| t. Is all electric connected to functional and operational Circuit Breakers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| u. Any aluminum wiring? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| v. Are there any functioning smoke detectors on premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION IV. RATING

20. Does the applicant have a dog, cat or other pets? Yes No
If yes, describe all pets, breeds, etc: _____

(See form L581 for animal exposures that will be excluded)

21. Any off premises trips taken? Yes No
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: _____

22.* Is there a wading pool 24 inches or less on the premises? Yes No

of wading pools: _____ # of jacuzzis/spas: _____

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: (Occurrence/Aggregate)

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
 1Mil/2Mil 1Mil/3Mil

b. Child Molestation & Abuse: 25,000/50,000 100,000/100,000 100,000/300,000

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

38. Coverage Desired: **Limit** **Building & Business Personal Property**
- | | | | | | | | |
|---|-------------|-----------------------------|------------------------------|-------------|----|----|-----|
| a. Building | _____ | <input type="checkbox"/> RC | <input type="checkbox"/> ACV | Coinsurance | 80 | 90 | 100 |
| (No coverage for primary residences) | | | | | | | |
| b. Business Personal Property | _____ | <input type="checkbox"/> RC | <input type="checkbox"/> ACV | | | | |
| c. Business Income | _____ | 50 | 60 | 70 | 80 | 90 | 100 |
| (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: _____

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 the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to 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 there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____