

# 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
<b>CONSTRUCTION:</b>			
<b>YEAR BUILT:</b>			
<b># OF STORIES:</b>			
<b>TOTAL SQ.</b>			
<b>PROTECTION CLASS:</b>			
<b>ALARM</b>	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
<b>Building</b>	_____ %	\$ _____	<b>BASIC</b> <input type="checkbox"/> <b>BROAD</b> <input type="checkbox"/> <b>SPECIAL</b> <input type="checkbox"/>	<b>A.C.V.</b> <input type="checkbox"/> <b>R.C.</b> <input type="checkbox"/> <b>MARKET VALUE</b> (SUBMIT) <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
<b>BPP</b>	_____ %	\$ _____			\$ _____	\$ _____	\$ _____
<b>Business Income</b>	_____ % or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
<b>Signs (Describe)</b> _____					\$ _____	\$ _____	\$ _____
<b>Total Limits</b> .....					\$ _____	\$ _____	\$ _____

**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.