



CARRIER:

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# Child Care Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: \_\_\_\_\_ DBA: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of operations:

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Classification:  Commercial center  Residential/Family  100% Drop-in center  Mommy/Daddy & Me center

Enter the number of children on the premises in each age group:

Age Group	# of Children	Average Daily Attendance	# of Teachers
0-1	_____	_____	_____
1-2	_____	_____	_____
2-3	_____	_____	_____
3-5	_____	_____	_____
School Age Children	_____	_____	_____

### Property Section

Construction:  Frame  Joisted masonry  Noncombustible  Masonry noncombustible  
 Modified fire resistive  Fire resistive  Other \_\_\_\_\_

Protection class: \_\_\_\_\_

Requested cause of loss :  Special  Basic

Requested valuation :  Replacement cost  Actual cash value

Deductible:  \$1,000  \$2,500  \$5,000

Year built? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

Age of roof: \_\_\_\_\_ yrs.

Roof type:  Flat  Wood shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_

Plumbing type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_

Protective devices: (Select those that apply)

Fire Extinguishers  Smoke Detectors  Central Fire  Central Burglar  Deadbolt locks

Building Owner:

Is the building your residence?  Yes  No (if "Yes," building coverage is not available)

Building limit \$ \_\_\_\_\_ Square footage of structure? \_\_\_\_\_ sq. ft.

Fence limit \$ \_\_\_\_\_ Outdoor sign limit \$ \_\_\_\_\_ Playground equipment limit \$ \_\_\_\_\_ Valuable papers limit \$ \_\_\_\_\_

Business income and extra expense limit \$ \_\_\_\_\_

Business personal property limit \$ \_\_\_\_\_ Coinsurance:  80%  90%  100%

Property deductible:  \$1,000  \$2,500  \$5,000  \$10,000

### Liability Section

General liability limit:  \$100,000/\$100,000  \$300,000/\$300,000  
 \$500,000/\$500,000  \$1,000,000/\$1,000,000  
 \$1,000,000/\$2,000,000  \$1,000,000/\$3,000,000

Child abuse and molestation limit:  \$25,000/\$50,000  \$100,000/\$300,000  \$300,000/\$600,000  
 \$500,000/\$1,000,000  \$1,000,000/\$1,000,000

Do you wish to purchase reimbursement coverage for certain/criminal defense cost (for owners/operators)?  Yes  No

Exposure basis: Average daily attendance \_\_\_\_\_ Licensed capacity \_\_\_\_\_

What year did the business start? \_\_\_\_\_

Do you have any other operations?  Yes  No If "Yes," describe: \_\_\_\_\_

Has the insured been in business under current management for at least 3 years?  Yes  No

### Eligibility Section

How many years in business? For centers less than 3 years, please provide experience. \_\_\_\_\_

No actual incidents in the past and no alleged incidents that are under investigation regarding child molestation or abuse  Yes  No

Your license, registration or certification has never been revoked or suspended  Yes  No

Outside play area is 100% fenced  Yes  No

No swimming pool(s) or wading pool(s) deeper than 24 inches on premises  Yes  No

Coinsurance:  50%  60%  70%  80%  90%  100% or Monthly Limitation Option  1/3  1/4  1/6

**Additional rating/Exposure questions**

Is there an accident and health policy for the children in force?  No  Yes  
 If "Yes," please advise limits:  \$2,000  \$3,000  \$5,000  \$10,000  Other

Do you have any animals on premises?  No  Yes – if "Yes," please select specific type  
 Dog or cat  Frogs, guinea pigs, gerbils, domestic rats, parakeets or canaries  
 Other, please describe \_\_\_\_\_

Does the applicant ever transport or arrange transportation for children in care?  No  Yes

Do you take any field trips to swimming pools?  No  Yes

If "Yes,":  Public pools only  Residential pools only  Both residential and commercial pools

Is this center accredited by any of the following  No  Yes

If "Yes," please select the specific agency:

- NAA- National After School Association
- NAEYC- National Association for Education of Young Children
- NAFCC- National Association for Family Child Care
- NECPA- National Early Childhood Program Association

Is the center open more then 14 hours per day?  No  Yes

If "Yes," select:  15 to 18 hours per day

Is risk open past 11:00 p.m.?  No  Yes

Is there a wading pool 24 inches or less on the premises?  No  Yes – If "Yes," # of wading pools: \_\_\_\_\_

Does the applicant have permanently installed outside play equipment?  No  Yes

Are you exempt from licensing?  No  Yes

**Additional Insureds/Mortgagees/Loss Payees**

Name	Relationship/Interest	Address	City, State, Zip

**II. LOSS INFORMATION FOR THE PAST THREE YEARS**

Property Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**III. ELIGIBILITY CRITERIA**

Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri)  True  False

If "False," advise reason: \_\_\_\_\_

There is no sharing of employees with other entities  True  False

If "False," provide details: \_\_\_\_\_

1. No past, pending or planned bankruptcy or judgment for unpaid taxes against, the named insured or any officer, partner, member of owner of the applicant individually in the past five years  True  False
2. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring on premises  N/A  True  False
3. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers  N/A  True  False
4. Functioning and operational smoke and/or heat detectors in all units and/or occupancies  True  False
5. Functioning and operational fire extinguishers readily available  True  False
6. Pre-employment screening which includes verification that employees and any volunteer workers providing care on a regular basis have never been convicted of any crime, including sex-related or child abuse related offenses; and you continue to conduct periodic screening after employment or volunteering begins  True  False
7. The applicant has not, is not and will not act as franchisor (grantor of a franchise)  True  False
8. Number of children on the premises does not exceed the licensed capacity  True  False
9. Permission slips are obtained from parents/guardians for all field trips  True  False
10. No adult day care operations and no exposure to child and adult care at the same location  True  False
11. No nanny services, adoption services or referral operations  True  False
12. No home-made play equipment  True  False
13. Applicant is licensed and/or registered with the state (when required)  True  False
14. No exposure to trampoline, moonwalk or bounce equipment, gymnastic or wall- climbing equipment or ball-pits  N/A  True  False
15. No martial arts or organized contact sports  True  False
16. Facility has more than one means of egress  True  False

- 17. No medications are dispensed without the parent's/guardian's and physician's (when required) written consent and instruction, and a log is kept of medicine administration  True  False
- 18. No prior animal injury without any changes or controls in place to prevent future occurrence  True  False
- 19. During the past five years, no applicant has been convicted of any degree of the crime of arson  True  False
- 20. All children accepted are under 15 years of age  True  False
- 21. All doors are equipped / furnished with a permanent Door Finger Guard/Pinch Shield  True  False
- 22. An application is obtained including complete medical, emergency and contact information, is completed and signed by a parent or legal guardian for all children prior to their first stay (including drop-in centers)  True  False
- 23. Children are not left exclusively with caregivers under the age of 18 or with volunteers that have not had a background check performed by the center  True  False
- 24. Children are not left unsupervised at any time (including nap time)  True  False
- 25. No children enrolled or accepted that require skilled or specialized medical care  True  False
- 26. All cubbies and bookcases over 24 inches are affixed to a wall or floor  True  False
- 27. Any violation cited in an inspection (conducted by state or insurance company) has been corrected within the deadline for compliance  True  False
- 28. Applicant does not travel to destinations to provide child care services  True  False
- 29. No field trips to off premises residential swimming pools, lakes, beaches, skiing, ice/roller skating rinks, amusement/water parks or overnight  True  False
- 30. No more than 2 losses in the past 5 years and/or losses totaling more than \$25,000  True  False
- 31. No prior or current state citation/violation for lack of supervision, inadequate staff to child ratio, incomplete medical records for enrolled children or inadequate state required background checks  True  False

**Answer if this is a RESIDENTIAL CENTER**

- 1. Infants are placed in cribs and not on beds during naptime  N/A  True  False
- 2. There is a 1:6 staff to child ratio if ANY child is less than 3 years old or 1:8 staff to child ratio if EVERY child is over 3 years old  True  False
- 3. No use of wood stoves, space heaters or temporary heating devices  True  False

**Answer if you are a COMMERCIAL CENTER**

- 1. Kitchen facilities and heating appliances are physically separated from the children  N/A  True  False
- 2. There is a minimum of six inches of loose fill surfacing material (i.e. sand, pea gravel, shredded wood product or shredded rubber) OR a shock absorbing surface material (i.e. rubber tiles, mats or poured in place material) under all permanently installed climbing, rocking, rotating, bouncing or moving equipment.  True  False
- 3. Staff to child ratios meet the minimum state regulation at all times  True  False

**Answer if you have any children enrolled with SPECIAL NEEDS**

- 1. Center does not specialize in caring for children with special needs (less than 20% of the children require special care)  N/A  True  False
- 2. No children who are non-functioning in social atmosphere or display or have displayed in the past violent or aggressive behavior that may cause harm to themselves or others  True  False
- 3. Children have independent movement, are ambulatory and are mobile  True  False
- 4. No child has a condition that requires invasive medical procedures  True  False

**Answer if you are a 100% DROP-IN CENTER**

- 1. This is not a sick child center  N/A  True  False
- 2. Center is not open past 11 p.m.  True  False
- 3. Center has procedures in place so that once maximum licensed capacity or maximum staff to child ratio is reached no additional children are accepted  True  False

**Answer if a 100% BEFORE/AFTER SCHOOL PROGRAM**

- 1. Center is licensed to provide before or after care  N/A  True  False
- 2. Program is not located in gymnasium or cafeteria without structured activities  True  False
- 3. Program is not run by or in the name of the school  True  False

**Answer if you are a DAY CAMP/SUMMER CAMP**

- 1. Children are not allowed to stay overnight  N/A  True  False
- 2. Risk does not offer specialized care, such as weight loss camp or sports camp  True  False
- 3. No staff under age 18  True  False
- 4. No children over the age of 15 enrolled in camp  True  False
- 5. All staff under the age of 21 and all volunteers are supervised by an employee over the age of 21  True  False
- 6. Risk is not a seasonal only camp (I.E. open only in summer months – June through August)  True  False

**HIRED/NON-OWNED LIABILITY COVERAGE**

- 1. Does applicant currently have a Business Auto policy?  No Coverage Desired  No  Yes
- 2. Do you transport children or provide any transportation of children using insured's, employee's, other individual's vehicles (including parents) or contract service?  No  Yes
- 3. The applicant does not require its employees or volunteer to use their personal vehicles to conduct  True  False

the applicant's business

4. The applicant does not have any owned vehicles or lease any automobiles on a long term basis  True  False

#### IV. ADDITIONAL APPLICANT INFORMATION

What year did the applicant purchase this property? \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

#### FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.

**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.

**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.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**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

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

**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.

**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.

**Oregon Fraud Statement:** Notice to Oregon applicants: 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 may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio 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, Virginia and Washington 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.

#### STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only 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.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: \_\_\_\_\_

Title: \_\_\_\_\_  
President, Chairperson of the Board, Managing Member, or Executive Director

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