



# Child Care Product

## CHILD CARE PRODUCT APPLICATION

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

### COVERAGE REQUESTED

- General Liability & Professional  
Complete Sections A, B, C, D, G, & H
- 100% Drop in Center  
Complete Sections A, B, C, D, E, & G
- Package (Property/General Liability) & Professional  
Complete Sections A, B, C, D, G, H, & K
- Extended or Night Time Center  
Complete Sections A, B, C, D, F, & G

### SECTION A. GENERAL INFORMATION (List all locations for which coverage is desired)

- Applicant's Name: \_\_\_\_\_ DBA: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_
- Insured Contact: \_\_\_\_\_
- Location Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_
- Phone: \_\_\_\_\_ Years in Business: \_\_\_\_\_
- Website address: \_\_\_\_\_ Email Address: \_\_\_\_\_
- Form of Business:  Partnership  Corporation  LLC  Non Profit Organization  Individual  
 Other \_\_\_\_\_
- Facility is located in:  Commercial Building  Applicant's Home  Converted Dwelling (child care operations only)  
 Parent/Guardian Co-ops  Mommy & Me/Daddy and & Me center  Other \_\_\_\_\_
- Is center located within or do you provide temporary child care services on the premises of another organization or operation?  Yes  No  
(Professional and/or Abuse coverage may be limited)
  - If yes, please describe the other operations taking place at the premises: \_\_\_\_\_
  - Is the center owned and operated under this organization's legal entity?  Yes  No
  - Does this center share employees?  Yes  No  
If yes, explain the duties of the shared employee for each operation: \_\_\_\_\_
- Total sq ft of building \_\_\_\_\_ Area occupied by the Applicant-sq ft. \_\_\_\_\_  
Apartment Areas-Sq ft \_\_\_\_\_ # of apartment units area leased out to others-sq ft \_\_\_\_\_
- Loss Experience for General Liability and Property last three years (or number of years in business if less than three)  
Check here for  None

Date	Type/Description	Paid	Reserve	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

- Prior Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
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 B. LICENSING INFORMATION**

14. Are you:  Licensed  Registered  Certified  Exempt (explain) \_\_\_\_\_  
 Other \_\_\_\_\_

15. Hours of operation: \_\_\_\_\_ Number of Days open per week: \_\_\_\_\_  
**(If open more than 14 hours or offers Night Time Care answer section F)**

16. a. Licensed Capacity: \_\_\_\_\_ Please enter highest average daily attendance \_\_\_\_\_  
b. Is there a strict adherence to the staff to child ratio?  Yes  No  
c. 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: \_\_\_\_\_ # of staff members in room: \_\_\_\_\_  
# of children 25-35 months: \_\_\_\_\_ # of staff members in room: \_\_\_\_\_  
# of children 3 years old: \_\_\_\_\_ # of staff members in room: \_\_\_\_\_  
# of children 4-5 years old: \_\_\_\_\_ # of staff members in room: \_\_\_\_\_  
# of children 6-8 years old: \_\_\_\_\_ # of staff members in room: \_\_\_\_\_  
# of children 9-13 years old: \_\_\_\_\_ # of staff members in room: \_\_\_\_\_  
# of children greater than 13 years old: \_\_\_\_\_ # of staff members in room: \_\_\_\_\_  
Total # of children: \_\_\_\_\_ Total # of staff members: \_\_\_\_\_

17. Any alleged or actual incidents regarding child molestation or abuse? **Submit Eligible Ineligible**  
 Yes  No  
If yes, please describe: \_\_\_\_\_

18. Has your license, registration or certification ever been revoked or suspended?  No  Yes

19. Is your operation currently under investigation for alleged violation of law?  No  Yes

20. Do you care for physically, medically or mentally challenged children or children with special needs?  Yes  No  
If yes, please answer the following questions:  
a. Age of each child: \_\_\_\_\_  
b. Describe conditions of each child: \_\_\_\_\_  
c. Describe procedures to care for special needs of children: \_\_\_\_\_  
d. Describe medical procedures required: \_\_\_\_\_  
e. Describe training or experience of staff to care for special needs: \_\_\_\_\_

21. Are you a 100% drop-in center?  Yes  No  
**(If yes, please answer Section E)**

**SECTION C. RESIDENTIAL/FAMILY CHILD CARE**  Not Applicable

22. Has operation been inspected by: (If any violations cited, please provide a copy of the inspection and documentation of compliance)  
 State Licensing Agency  No  Yes: Date: \_\_\_\_\_ Any violations cited?  Yes  No  
 Fire Marshall  No  Yes: Date: \_\_\_\_\_ Any violations cited?  Yes  No  
 Department of Health  No  Yes: Date: \_\_\_\_\_ Any violations cited?  Yes  No  
 Prior Insurance Company  No  Yes: Date: \_\_\_\_\_ Any violations cited?  Yes  No  
 Other: \_\_\_\_\_  No  Yes: Date: \_\_\_\_\_ Any violations cited?  Yes  No

Note\* Residential Child Care Centers must be in accordance with company ratios recommended by 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)

**SECTION D. GENERAL ELIGIBILITY**

		<b>Eligible</b>	<b>Ineligible</b>
23. Is this risk a Nanny service, Referral Agency, or Adoption Agency?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
24. Is an application with complete medical, emergency and contact information signed by a parent or legal guardian obtained for children, including drop-in, prior to their stay?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. 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
26. Does your pre-employment screening include verification that employees and/or volunteer worker providing care on a regular basis have never been convicted of any crime, including sex-related or child abuse related offenses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Is this a mobile operation not subject to any one states regulation or licensing requirements?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
28. If required by state, are background checks being conducted on all care providers? (If background checks are not performed on all employees, Molestation and Abuse coverage is not available)	<input type="checkbox"/> Not Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Is this operation an adult daycare or facility that operates both child and adult care facilities at the same location?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
30. Is the outside play area 100% fenced?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Is there an on premises swimming pool or wading pool deeper than 24 inches?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
32. Is there a Jacuzzi or spa on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If yes, is this Jacuzzi or spa covered and located in an area that is not accessible by children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Any trampolines, gymnastic equipment, homemade play equipment, moon bounce/walk, climbing wall equipment or ball pits?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
34. Any martial arts, gymnastics (not tumbling), or contact sports?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
35. Are over-the-counter drugs dispensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If yes, are the drugs dispensed with the parents' written instructions that do not violate the manufacturers' instructions and documented in a written log including time, amount of dosage and sign off when administered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Are prescription drugs dispensed with parents' and physicians' written instructions and documented in a written log to include time, amount of dosage and sign off when administered?	<input type="checkbox"/> Not Dispensed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Are there any employed or contracted physicians or nurses providing medical care?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
38. Employees under the age of 18 and all volunteers are supervised at all times?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Infants are placed in cribs and not placed on beds during naptime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Children are supervised constantly at all times including naptime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Are kitchen facilities/heating appliances in an area that is not accessible by children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Is any child in the facility more than 12 hours?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
43. Are trips taken to lakes, beaches, water parks, other residential pools, skating rinks, skiing, or amusement parks or are overnight trips taken?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
44. Are permission slips signed by parent/guardian for all trips off premises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Do any children require invasive medical procedures?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
46. Is all electric on functioning and operational circuit breakers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Any aluminum wiring?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
48. Are smoke and/or heat detectors in all units and/or occupancies functioning and operational?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Does the applicant have tax liens on any property or filed for bankruptcy in the past 5 years?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
50. Are there two or more means of egress (exits) from the building?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Are wood stoves, space heaters or temporary heating units being used on the premises?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

**SECTION E. 100% DROP-IN CENTER**

	<input type="checkbox"/> Not Applicable	<b>Eligible</b>	<b>Ineligible</b>
52. Any care for children over the age of 12?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
53. Any care providing staff members under the age of 18?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
54. Do you offer a "sick child" facility?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
55. Does this center operate an indoor family entertainment play center?		<input type="checkbox"/> No	<input type="checkbox"/> Yes





**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 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 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: \_\_\_\_\_