



Application
For
Day Care Centers & Nurseries

1. Name of Applicant _____
 Street address _____
 City _____ Zip _____
 Applicant's Web Site address _____

2. Individual Corporation Partnership Other (Explain) _____

3. Date established: _____

4. Address of location to be insured (If same as above, write "same".)
 Street address _____
 City _____ State _____ Zip _____

5. Has applicant had previous insurance for this enterprise? Yes No
 (If yes, provide the following information)

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

Effective Dates Desired From: _____ To: _____

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? (If yes, provide full details) Yes No

7. Provide details of licensing or certification needed for this operation: _____

8. Provide the number of the following personnel. (Other and Explain)

_____ Partners, Owners, Officers	_____	_____
_____ Full Time Staff	_____	_____
_____ Part Time Staff	_____	_____
_____ Independent Contractors	_____	_____

9. During the past 3 years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. Yes No
 Include description of claim, amounts paid and reserves _____

10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? Yes No
 If yes, provide full details _____

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past 3 years? (If yes, provide full details below) Yes No

12. Number of children facility is licensed for? _____

13. Hours of operation? From _____ To _____

14. Annual gross receipts? _____

15. This operation is located in one of the following: (Please check one)
 Private home Church School Location built specifically for a day care center or nursery
 Other Give full explanation. _____

16. Please describe:
 (A) Construction of building _____
 (B) Number of stories _____
 (C) Type of fire protection system _____
 (D) The emergency evacuation plan _____
 (E) Total square footage of building _____

17. Give number of children in each age group and teachers/attendants for each group.

Age Group	Number of Children			No. of Teachers	Ratio of teachers to children must meet company requirements.
	Full Day	A.M.	P.M.		
1 Thru 12 Months	_____	_____	_____	_____	
1 Thru 3 Years	_____	_____	_____	_____	
4 Thru 5 Years	_____	_____	_____	_____	
6 Thru 10 Years	_____	_____	_____	_____	

18. Do you require a physical examination or medical certificate before a child is accepted? Yes No

19. Do you accept handicapped children? Yes No
 If yes, state the number and degree of handicap # _____ Degree _____

20. Play equipment on premises:
 Pool Size: _____ X _____ FT. Depth: From _____ FT. to _____ FT.
 Swings Jungle Gym Slide Sandbox Trampoline
 Other (List) _____
 Is all play equipment securely anchored? Yes No

21. Are there any animals on the premises? Yes No
 If yes, explain _____

22. Is yard fully fenced? Yes No

23. Are there any special classes taught? (swimming, gymnastics, for example) Yes No
 If yes, list _____

24. Are there any overnight stays? Yes No
 If yes, give full details _____

25. Provide full details of field trips including amount of supervision: _____

26. Will you accept a child who is sick? Yes No
 If yes, how is situation handled. _____

27. Are any medications administered? Yes No
 If yes, do you require a signed consent form from parent or guardian? Yes No

28. Do you have a before/after school program? Yes No
 If yes, who is responsible for seeing the child gets to and from school? _____

29. Do you require written notification if someone other than the parent or guardian will be picking up the child? Yes No

30. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc.
 Attach a list of all employees along with their experience and qualifications _____

Do you use any volunteers? Yes No
 If yes, describe _____

31.

Type of Coverage Desired	Limits of Liability Desired	Effective Dates Desired
Professional		
OLT		
Products (Food & drinks served)		
Other		

32. Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime? Yes No
 Please provide complete details _____

IF SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE COMPLETE QUESTIONS 33 THROUGH 37.
 If not desired, please sign application at bottom of page

33. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No
 Please provide details _____

34. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there? Yes No
 Describe _____

35. Does your facility do background checks on all employees and volunteers? Yes No
 Describe type of checks performed (prior employer, police, etc.) _____

36. Please check the limits you are requesting:
 \$25,000/50,000 \$50,000/100,000 \$100,000/300,000 \$300,000/300,000

Applicant's Signature: _____

Title: _____

Date: _____