

APPLICATION FOR DAY CARE CENTERS & NURSERIES

- 1) Name of applicant: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
- 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

- 6) Is applicant engaged in, owned by, associated with or involved in any other enterprise? Yes No If yes, provide full details: _____
- 7) Provide details of licensing or certification needed for this operation: _____
- 8) Provide the number of the following personnel:
 Partners, Owners, Officers: _____ Full Time Staff: _____ Part Time Staff: _____
 Independent Contractors: _____ Other and Explain: _____
- 9) During the past 3 years, have any claims been presented to your current or prior insurance carrier? Yes No If yes, provide full details. 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? Yes No If yes, provide full details below: _____
- 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.

Number of Children

Age Group	Full Day	A.M.	P.M.	Number of Teachers
1 Thru 12 Months				
1 Thru 3 Years				
4 Thru 5 Years				
6 Thru 10 Years				

Ratio of teachers to children must meet state requirements.

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: Number: _____ 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	Proposed Effective Date
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