



CARRIER:

## Child Care Product Application – All States

**Coverage(s) Desired** (Check all that apply):  Property  Abuse and molestation (*question 22 required*)  General liability  
 Certain civil/criminal defense cost and reimbursement (*question 22c required*)  Hired and non-owned (*questions 52–55 required*)

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location address: \_\_\_\_\_

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

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Classification** (Check all that apply):

Commercial centers  Residential (*questions 47–48 required*)  100 percent percent day camp (*question 50 required*)  
 100 percent before and/or after care (*question 49 required*)  100 percent drop-in care (*question 51 required*)  Montessori

**Description of Operations:**

1. Have there been any losses/claims in the last five years?  Yes  No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet. (Abuse and molestation = A&M)

| Coverage Type   | Date of Loss | Description of Loss | Paid | Reserved | Status   |
|---|--------------|---------------------|------|----------|--|
| <input type="checkbox"/> Property<br><input type="checkbox"/> Liability<br><input type="checkbox"/> A&M |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |
| <input type="checkbox"/> Property<br><input type="checkbox"/> Liability<br><input type="checkbox"/> A&M |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |
| <input type="checkbox"/> Property<br><input type="checkbox"/> Liability<br><input type="checkbox"/> A&M |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |

2. Have there been any actual or alleged child molestation or abuse incidents in the past or are there any currently under investigation?  Yes  No

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

4. How many years has the applicant been at the current location? \_\_\_\_\_

5. Is the child care facility currently licensed or registered with the state?

Yes  No  License pending  Exempt from licensing  Unknown

If "Yes,"

a. Provide the name on the center's license: \_\_\_\_\_

b. Provide the license number: \_\_\_\_\_

6. Has the child care facility's license, registration or certification ever been revoked or suspended?  Yes  No

7. What is the licensed capacity for the child care facility? \_\_\_\_\_

**Enrollment/Staffing**

| Age Group             | Maximum Number of Children in a Single Day | Number of Staff Members in the Room |
|-----------------------|--|-------------------------------------|
| 0–12 months old       |  |                                     |
| 13–24 months old      |  |                                     |
| 2 years old           |  |                                     |
| 3 years old           |  |                                     |
| 4 years old           |  |                                     |
| 5 years old           |  |                                     |
| 6 years old and older |  |                                     |
| Total                 |  |                                     |

8. What is the child care facility’s in-force Accident and Health policy limit?       \$2,000    \$3,000    \$5,000    \$10,000    None
9. What types of animals are there on premises?    Dog or cat    Frogs, guinea pigs, gerbils, domestic rats, parakeets or canaries  
 None    Other, please describe: \_\_\_\_\_
10. Are there any field trips to a swimming pool?       Yes    No  
 If “Yes,” please check all that apply:    Public pool(s)    Residential pool(s)
11. Is the child care facility accredited by any of the following associations?       Yes    No  
 If “Yes,” please check all that apply:  
 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
12. Will the children ever be left exclusively with caregivers under the age of 18 or any persons who have not had a background check performed by the child care facility?       Yes    No
13. Are there finger guards installed on all doors? (*Not applicable for Residential Child Care*)       Yes    No
14. Does the child care facility ever transport or arrange for the transportation of children in their care?       Yes    No  
 If “Yes,” please complete questions 52–55
15. Are children permitted to play outside?  
 Yes, on premises       No, children are not permitted to play outside  
     Is there a permanently installed fence?    Yes    No  
     Is the playground equipment permanently installed?    Yes    No  
 Yes, off premises  
     Describe where the children are taken: \_\_\_\_\_
16. Is there a swimming pool, wading pool deeper than 12 inches or any other water hazard on premises?       Yes    No
17. Is the child care facility a “Mommy/Daddy and Me” operation where the parent stays on the premises and participates in all activities?       Yes    No
18. Is the child care facility open for more than 14 hours?       Yes    No  
 If “Yes,”  
 a. How many hours? \_\_\_\_\_  
 b. Is the child care facility locked and/or alarmed after 7 p.m.?       Yes    No
19. Are there any physically, medically or mentally challenged children or children with special needs currently enrolled?       Yes    No  
 If “Yes,”  
 a. Are there any children enrolled who are non-functioning in a social atmosphere or have displayed violent or aggressive behavior that may cause harm to themselves or others?       Yes    No  
 b. Do all children have independent movement, are ambulatory and are mobile?       Yes    No  
 c. Is the child care facility’s special needs enrollment 20 percent or greater?       Yes    No  
 d. Are there children who require invasive medical procedures or care?       Yes    No

**Property Coverage**

|  |   |  |  |   |
|--|---|--|--|---|
| <b>Building Construction:</b>  |   |  |  |   |
| <input type="checkbox"/> Frame   | <input type="checkbox"/> Masonry NC   | <input type="checkbox"/> Joisted masonry   | <input type="checkbox"/> Modified fire resistive   | <input type="checkbox"/> Noncombustible   |
|  |   |  |  | <input type="checkbox"/> Fire resistive   |
| Protection Class   | Cause of Loss   | Deductible   | Number of Stories  | Type of Burglar Alarm   |
| _____  | <input type="checkbox"/> Basic <input type="checkbox"/> Special<br><input type="checkbox"/> Broad | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 | _____  | <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None |
| What year was the building constructed? _____  |   |  |  |   |
| What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____   |   |  |  |   |
| What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Metal <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____ |   |  |  |   |
| What is the age of the roof? _____ years   |   |  |  |   |
| Is the building fully protected by an operational sprinkler system covering 100 percent of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |  |   |
| What is the square footage of the entire structure? _____ sq. ft.  |   |  |  |   |
| <b>Building Limit:</b>   |   | \$ _____   | <b>Coinsurance</b> (80% minimum) _____ %   | <input type="checkbox"/> ACV <input type="checkbox"/> RC  |
| <b>Business Personal Property Limit:</b>   |   | \$ _____   | <b>Coinsurance</b> (80% minimum) _____ %   | <input type="checkbox"/> ACV <input type="checkbox"/> RC  |
| <b>Business Income Limit:</b>  |   | \$ _____   | <b>Coinsurance</b> _____ or _____  | <b>Monthly Limit of Indemnity</b>   |
| <input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense   |   | <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%             | <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100 percent | <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6                |

**Additional Property Coverages Requested** (Check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Equipment breakdown               | <input type="checkbox"/> Electronic data   | <input type="checkbox"/> Interruption of computer operations |
| <input type="checkbox"/> Value Plus endorsement            | <input type="checkbox"/> Power outage  | <input type="checkbox"/> Fence coverage \$ _____             |
| <input type="checkbox"/> Outdoor sign coverage \$ _____    | <input type="checkbox"/> Playground equipment coverage \$ _____  |  |
| <input type="checkbox"/> Valuable papers coverage \$ _____ | <input type="checkbox"/> Accounts Receivable Coverage \$ _____ (Not Applicable for Residential Child Care) |  |

**Liability Coverage**

20. Occurrence limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

21. Add employee benefits liability?  Yes  No If "Yes," please list the total number of employees \_\_\_\_\_

22. Add abuse and molestation liability coverage? (Residential Child Care is eligible for limits up to \$100,000/\$300,000)  Yes  No

If "Yes,"

a. Defense cost coverage:  Inside the limit  Outside the limit (Not available for Residential Child Care in most states)

b. Desired limit :  \$25,000 / \$50,000  \$100,000 / \$100,000  \$100,000 / \$300,000  \$300,000 / \$300,000  
 \$300,000 / \$600,000  \$500,000 / \$500,000  \$500,000 / \$1,000,000  \$1,000,000 / \$1,000,000

c. Add defense cost reimbursement for certain civil or criminal suits?  Yes  No

23. Provide the number of wading pools 12 inches or less: \_\_\_\_\_  N/A

**Additional Interests**

(AI = Additional Insured, LP = Loss Payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

| Name | Relationship/Interest | Address | City, State, Zip | AI                       | LP                       | M                        | W                        |
|------|-----------------------|---------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## II. ELIGIBILITY CRITERIA

### General Eligibility

24. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
25. Has insurance coverage been cancelled or non-renewed in the past three years? (Not applicable in MO)  Yes  No
26. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?  Yes  No
27. Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring?  Yes  No
28. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes  No

### Liability Eligibility

29. Does pre-employment screening include verification that all employees and volunteers have never been convicted of a crime, including sex-related or child abuse offenses, and the child care facility continues to conduct periodic screenings after employment and volunteering begins?  Yes  No
30. Is the child care facility owned by or associated with any operations other than the child care at this location?  Yes  No
31. Are cubbies and bookcases over 24 inches in height anchored to a wall or floor?  Yes  No
32. Are Jacuzzis or hot tubs secured and inaccessible to the children?  N/A  Yes  No
33. Are there any prior or current state citations/violations for lack of supervision, inadequate staff to child ratio, incomplete medical records for enrolled children or inadequate state required background checks?  Yes  No
34. Are there any wood-burning stoves, space heaters or temporary heating devices?  Yes  No
35. Does the child care facility accept children who require skilled or specialized medical care?  Yes  No
36. Does the child care facility open no earlier than 5 a.m. and close no later than 11 p.m.?  Yes  No
37. Are kitchen facilities and heating appliances, such as crock pots, physically separated from the children?  Yes  No
38. Are martial arts or organized contact sports offered?  Yes  No
39. Are medications ever dispensed without the parent's/guardian's and physician's (when required) written consent and instruction?  Yes  No
40. Are there field trips to off-premises residential swimming pools, lakes, beaches, skiing, ice/roller skating rinks, amusement/water parks, or overnight?  Yes  No
41. Does the child care facility obtain a student application on every student that includes complete medical, emergency and contact information completed and signed by a parent or legal guardian prior to the child's first stay?  Yes  No
42. Does the child care facility own or ever rent trampolines, moonwalk or bounce equipment, gymnastic or wall-climbing equipment, or ball-pits?  Yes  No
43. Does the child care facility provide either standalone adult day care operations or child/adult care at the same location?  Yes  No
44. Does the child care facility provide nanny services, adoption services or referral operations?  Yes  No
45. Does the child care facility travel to destinations to provide child care services?  Yes  No
46. Have all violations cited in an inspection (conducted by state or insurance company) been corrected within the deadline for compliance?  N/A  Yes  No

### Residential Child Care Facilities Only N/A

47. Applicant maintains a minimum 1:6 staff-to-child ratio for all children enrolled at the residential home?  Yes  No
48. Are infants placed in cribs and not beds during naptime?  Yes  No

### Before and/or After School Care N/A

49. Does this child care facility provide 100 percent before and/or after school care?  Yes  No
- If "Yes," please complete the following:
- a. Does the child care facility operate as an independent entity with no ownership or oversight by the public or private school?  Yes  No
- b. Does the child care facility operate in a gymnasium or cafeteria?  Yes  No

### Day Camp or Summer Camp N/A

50. Does the child care facility operate as a 100 percent Day Camp or Summer Camp?  Yes  No
- If "Yes," please complete the following:
- a. Are the children permitted to stay at the camp overnight?  Yes  No
- b. Are there any enrolled children over the age of 15 at the camp?  Yes  No

- c. Does the camp operation offer specialized care such as weight management camp or sports camp?  Yes  No
- d. For all camp staff under the age of 21 and volunteers, are they supervised by an employee over the age of 22?  Yes  No
- e. Is any camp staff member under 18?  Yes  No
- f. Is the camp operation seasonal? (e.g. open in summer months – June through August)  Yes  No

**Drop-in Child Care**  N/A

51. Is this a 100 percent drop-in child care facility? (i.e. short-term care less than four hours, parents on premises or easily accessible.)  Yes  No
- a. Does the child care facility offer “sick child” services?  Yes  No

**Hired and Non-owned Auto**  N/A

52. Does the child care facility ever transport or arrange for the transportation for children in their care?  Yes  No
- If “Yes,”  Yes  No
- a. Are children ever transported on field trips or other destinations in child care owners’/ employees’/parents’ cars (other than their own children)?  Yes  No
- b. Does the child care facility contract with a driver-provided bus service that maintains minimum auto coverage of \$1,000,000 combined single limit?  Yes  No
53. Is there a Commercial Auto Insurance policy in force?  Yes  No
54. Are there any owned or leased (long-term) vehicles?  Yes  No
55. Are employees or volunteers required to use their personal automobile to conduct the applicant’s business on a regular basis?  Yes  No

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

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