

CHILD DAY CARE APPLICATION COMMERCIAL/RESIDENTIAL
SECTION GL Property

Applicant Name _____

Telephone Number _____

Is the applicant an In-Home Day Care Provider? No Yes (Attach Homeowners declarations)

State license number _____ Years at this location _____

Maximum number of children permitted by license _____ On site at any given time _____

Mailing Address _____

City/State/Zip _____

Location Address _____

City/State/Zip _____

Effective Date _____

Years in business _____

Form of Business Individual Partnership Corporation Non-Profit Organization

Where is the business located? Commercial building Private residence

Submit details of any losses in the past 5 years. _____

Hours of operation _____ # of days open per week _____

License Capacity _____

Commercial General Liability

1. Limits of Liability Requested:

General Liability 100/200 100/300 300/300 300/600 500/500 500/1Mil 1Mil/1Mil 1Mil/2Mil

2. Complete the child/staff ratios below including you own children you are providing care.

# children up to 1 yr. old _____	# staff _____	# children 6-12 yrs. old _____	# staff _____
# children 2-3 yrs. old _____	# staff _____	# children over 13 yrs. old _____	# staff _____
# children 4-5 yrs. old _____	# staff _____		

3. Are the student/staff ratios within state requirements? Yes No

# of full time staff _____	# licensed _____
# of part time staff _____	# licensed _____

4. # of wading pools _____ # of swimming pools _____

a. If there is a swimming pool do all of the following apply? No diving board, no sliding board, 4-ft. or higher fence with self locking gate, and a Red Cross or similarly qualified lifeguard is required at all times during swimming activities. Yes No

5. Any handicapped, retarded or special needs children cared for? Yes No

- a. If yes, age of each _____
- b. Describe affliction/needs. _____
- c. List medication taken. _____
- d. Medications given by center _____
- e. Describe procedures, if any, to ensure the safety of all children. _____
- f. Describe training or experience. _____

6. Do any of the following exposures exist? (If Submit, send details to your Home Office underwriter.)

- | | Eligible | Submit | Prohibited |
|---|------------------------------|------------------------------|------------------------------|
| a. Any animals/pets other than dogs or cats? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| b. Is this a 24 hr. operations or overnight care? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| c. Over 25 field trips per year? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| d. Any trampolines or gymnastic equipment? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| e. Any employed or contracted physicians or nurses? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| f. Applicant is required to be licensed and is not? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| g. Are there two or more means of egress from the building? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| h. Has there been a suspension or revocation of certificate or license? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

7. a. Are meals served? Yes No If yes, _____% prepackaged _____% cooked

b. What type of cooking equipment? _____

c. Type of fire protection for cooking equipment _____

d. If Ansul system, how often serviced? _____

e. Do children have access to cooking area? Yes No

8. a. # of rooms in facility _____ # of exits on each floor _____

b. # and location of smoke detectors _____

9. a. Is play area fenced? Yes No Type of playground equipment _____

b. Type of surface under playground equipment _____

10. Does the applicant have a cat or dog? Yes No (If yes, list dog breed. _____)

11. Does the facility allow children to be dropped off that are not enrolled in the program? Yes No

12. Are field trips taken? Yes No If yes, 1-12 per year 13-25 per year over 26 per year

13. Is an Accident and Health policy for the children in force? Yes No

If yes, advise limits. \$2000 \$3000 \$5000 \$10,000 Other

14. List any additional insureds and their interest. _____

15. List all extra curriculum classes. Gymnastics Dance Karate Swimming Team Sport Other

Commercial Property:

1. a. Is property prohibited in our Coastal Guidelines? (If yes, decline property.) Yes No

b. Cause of loss Basic Broad Special

c. Property deductible 1,000 2,500 5,000 Other _____

2. Building Construction _____ Protection Class _____ Area _____ Sq. Ft.

Building Age _____ Year of update to: Roof _____ Heating _____ Plumbing _____ Electric _____

3. Coverage Desired: **Limit** **Building & Business** **Personal**
Property

Building (No residential bldgs.): _____ RC ACV **Coinsurance** 80 90 100

Bus. Personal Property _____ RC ACV

Business Income _____ 50 60 70 80 90 100 125 or 1/3 1/4 1/6

4. List any loss payees or mortgagees to be added. _____

Molestation & Abuse Insurance Application (Optional)

Limits Requested (Each Claim/Aggregate)

(Note: 100/100 max limit available residential day care)

25/50 50/50 100/100 300/300 300/600 500/500 500/1000 1000/1000

1. Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime?

Yes No If yes, please provide complete details. _____

2. Has your family had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No If yes, please provide complete details. _____

3. Has any facility with which you have been associated in the past ever had any incidents occur or claims brought against it while you were there? Yes No If yes, please provide complete details. _____

4. Please describe your hiring procedures (attach copy).

5. Does your facility perform background checks on all employees and volunteers? Yes No If yes, describe type of checks performed. _____
