

# **Child Care Plus Insurance Program Application**



(Use ACORD forms for Property, Auto, Umbrella, Crime) This application must be completed in its entirety before being accepted for submission. No coverage is bound or afforded by this application.

## **General Information - Applies to All Locations**

1.	Proposed effective date: Liability occurrence limits: □ \$500,000 □ \$1,000,000 Sexual Abuse limits: □ \$50,000/\$100,000 □ \$100,000/\$200,000 □ \$100,000/\$300,000 □ \$250,000/\$500,000			
	□ \$500,000/\$1,000,000 □ \$1,000,000/\$1,000,000 [If an umbrella is requested, sexual abuse limits must be \$1,000,000/\$2,000,000 – check here □ ]			
2.	Named Insured (as to appear on policy):			
3.	Address:          State:         Zip:			
	Phone: Fax:			
	Email Address: Website Address:			
4.	a. Business type:  Individual  Corporation  Partnership  LLC  Other:			
	b. 🗆 Profit 🛛 Nonprofit			
	c. 🗆 Commercial Child Care no camp 🛛 Commercial Child Care with camp 🖓 Montessori 🖓 Nursery School			
	□ Head Start □ Sick Child Facility (Percent of enrollment devoted to sick child care:%) □ In-Home care			
	Private school (Please complete a Private School application)			
	□ Other:			
	d. Federal Employer ID No.			
	e. Are you a member of:  NAEYC?  NCCA?  NACCP?  Other:			
5.	Is the facility accredited by any of the following? $\Box$ NCCA $\Box$ NAFCC $\Box$ NACCP $\Box$ NAEYC			
	Other(Attach certificate)			
6.	Number of years applicant has been in this business:			
7.	Person to contact for loss control survey: Phone #: ()			
8.	8. Check all that apply and add any others. Attach all brochures and promotional materials. Note that coverage will only apply to disclosed premises and operations. Do you perform the following services: Drop-off care facility Overnight care (see supplement) Sick Child Care (see supplement) Special needs care (see question #35) After school care (Percent of enrollment devoted to after school care: %) Temporary care at a shopping mall, convention hall, health club facility or other venue Special instruction (dance, gymnastics, music, etc.) – indicate type(s):			
	□ Other operations:			
9.	Do you carry Accident-Medical coverage?  Yes No If yes, who is the insurance carrier for Accident			
	Medical coverage?			
Hir	ing Practices and Abuse/Molestation Coverage Information - APPLIES TO ALL LOCATIONS			
10.	Are employees (paid & volunteer) required to complete an employment application? $\Box$ Yes $\Box$ No If no,			
	explain:			
11.	a. Are criminal investigations conducted on all employees (paid & volunteer) before hiring? (This includes any parents who will be regular volunteers in the facility)  Yes No			
	<ul> <li>b. Which of the following do you use to do background checks on your employees &amp; volunteers?  <ul> <li>County criminal record search</li> <li>State criminal record search</li> <li>National criminal index search</li> <li>State prison search</li> <li>Federal prison search</li> <li>Sex offender search</li> <li>Criminal index search</li> <li>Nationwide U.S. Wants &amp; Warrants search</li> <li>Teacher license</li> <li>Education verification</li> <li>FBI</li> </ul></li></ul>			
12.	Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses? $\Box$ Yes $\Box$ No			
13.	At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her? $\Box$ Yes $\Box$ No			

Do you require mandatory training for all employees each year about these subjects? 
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- 14. Do you verify employment references? 
  Yes No Do you conduct a personal interview? 
  Yes No
- 15. Have you had an incident which resulted in an allegation of sexual abuse? □ Yes □ No If yes, please describe details in Remarks Section including any resulting claims, the outcome and damages paid.
- 16. Do you have a written policy addressing abuse and individual contact that may occur between children and volunteers or staff? □ Yes □ No
- 17. Do you have guidelines that prohibit the use of corporal punishment?  $\Box$  Yes  $\Box$  No
- 18. Do your rules and guidelines include listing all staff responsibilities for all activities including on and off-premises activities?
  □ Yes □ No

### Facility - LOCATION 1 (Complete an additional location supplement for each other location)

19.	. Do you operate more than one location?  Yes No If yes, explain if it's not submitted to us to insure:				
20.	How long has applicant operated at this location?				
21.	. Location address, if different than mailing address:				
22.	. Is the facility licensed by the State? $\Box$ Yes (attach copy) $\Box$ No If no, explain in Remarks Section.				
23.	Has the license ever been revoked?	□ Yes □ No If yes, expla	in:		
24.	Hours of operation: From	to Number of da	ays per week:	Number of months per year	
25.	Child care facility located at:  Private Other:			C C	
26.	List other occupancies in the same b	uilding:			
27.	List adjacent businesses:				
28.	Additional Insured required? $\Box$ Yes	□ No			
	Name				
	Address			Relationship:	
Per	rsonnel - LOCATION 1 (Complete	an additional location s	supplement for eac	h other location)	
29.	Name of Executive Director/Manage	·			
	Number of years in child care:	Specia	alized training or educ	ation:	
30.	Number of teachers with degrees: Number of teachers without degrees:				
31.	Number of Aides: Numb	er of Volunteers:	Number of Nurses:	Number of EMTs:	
32.	. Number of Kitchen Staff: Number of Janitorial Staff: Other (describe position and number of employees)				
33.	Total number of employees: Any employees under 18 years of age? □ Yes □ No If yes, how many? List position and how they are supervised:				
34.I	s there always someone trained in CP	R and first aid on the premis	ses? 🗆 Yes 🛛 No		
En	rollment - LOCATION 1 (Complete	an additional location	supplement for eac	ch other location)	
35.	Licensed Capacity:	Current Enrollment:	Average Nu	umber of Children per day:	
36.	Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?				
	Infants, ages 0-1	# Staff	# Children		
	Toddlers, ages 1-2	# Staff	# Children		
	Toddlers, ages 2-3	# Staff	# Children		
	Preschoolers, ages 3-5	# Staff	# Children		
	School age children	# Staff	# Children		
		Total	Total		

- 37. Are "special needs" children cared for?  $\Box$  Yes  $\Box$  No
  - a. If yes, how many?\_\_\_
  - b. Is someone on your staff trained to care for these children?  $\Box$  Yes  $\hfill\square$  No
  - c. Is physical therapy provided? 
    Yes No If yes, is it provided by a contracted professional who provides you with a certificate of insurance? Yes No
  - d. Is an aide assigned to accompany the child?  $\Box$  Yes  $\hfill \Box$  No
  - e. Describe the disabilities and special arrangements made to care for these children: \_\_\_\_

## Play Facilities - LOCATION 1 (Complete an additional location supplement for each other location)

38.	Does the facility have its own play area? 🗆 Yes 🛛 🗆 No If no, give name of play facility used:			
	Does the playground you use meet all safety requirements of the CPSC (Consumer Products Safety Commission)? 🗆 Yes 🛛 No			
39.	Is play area fenced?  Yes No List all playground equipment:			
40.	Please indicate type of surface under play equipment and depth in inches:  Coarse Sand: Double Shredded			
	Mulch:" □ Engineered Wood Fibers:" □ Fine Gravel:" □ Fine Sand:" □ Medium Gravel:"			
	□ Shredded Tires:" □ Wood Chips:" □ Other (type & depth):			
41.	Was equipment installed by, or has it been inspected by, someone certified in playground safety?  Yes No			
	How often are regular maintenance and routine inspections performed on the equipment? At least: 🗆 Weekly 🛛 Monthly			
	Only as needed Other (Specify):			
42.	Does the center have playground equipment with a primary platform higher than 6 feet? 🗆 Yes 🛛 🗋 No Is there any play			
	apparatus higher than 8 feet?  Yes If yes, describe:			
43.	Do you utilize swimming facilities?  Yes I vo If yes, complete the Swimming Pool Supplement.			
Operations- LOCATION 1 (Complete an additional location supplement for each other location)				

44.	To prevent children from accessing cooking areas, stoves, microwave ovens, etc., please indicate which of the following			
	precautions are taken: $\Box$ Separate kitchen with closed door	$\Box$ Gate covering entrance to kitchen area		
	□ Other			

- 46. Please indicate which of the following procedures are used when dispensing medications to children: □ Written parental permission is required □ Written instructions for use is provided by the parent □ Medication is kept in its original container/package □ Written records are kept of all medications dispensed □ Other: \_\_\_\_\_
- 47. Are there any pets at this location?  $\Box$  Yes  $\Box$  No If yes, describe the pet, including size: \_
- 48. Are special classes provided (like music, dance, gymnastics, etc.)? □ Yes □ No If yes, explain in remarks section. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage?
  □ Yes □ No
- 49. Do you warm baby bottles in an area not accessible to children?  $\Box$  Yes  $\Box$  No
- 50. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media in the event of an abuse allegation or incident or other type of crisis? 
  Yes No
- 51. Does the facility have an emergency evacuation plan posted and is it practiced?  $\Box$  Yes  $\Box$  No
- 52. Does the facility have video cameras installed to monitor all daily activities?  $\Box$  Yes  $\Box$  No

## Field Trips and Special Events - LOCATION 1 (Complete an additional location supplement for each other location)

	in The and opecial Events - Ebeanow I (complete an additional location supplement for each other location)					
53.	Number of field trips conducted each year:					
	a. Is an attempt made to obtain release forms from both parents/guardians for each trip whenever possible?  Yes  No					
	b. Are any trips overnight?  Yes  No					
	c. Are staff to child ratios maintained or increased for trips? $\Box$ Yes $\Box$ No					
	d. Are all children required to wear an identification badge? $\Box$ Yes $\Box$ No					
	e. Describe types of field trips:					
54.	Do you sponsor any special events or fund-raising activities?  Yes No If yes:					
	a. For each event, list the following in the Remarks section: Type of event, number of participants, planned activities, expected					
	revenue, length of time, whether or not liquor is served and if you obtain Certificates of Insurance from all vendors.					
	b. Do you rent facility to others?  Yes No If so, to whom and for what purpose?					
	c. Do you obtain Certificates of Insurance from them?  Yes No					
Tra	nsportation - LOCATION 1 (Complete an additional location supplement for each other location)					
55.	Does the facility provide transportation to and from the center? $\Box$ Yes $\Box$ No					
56.	Does the facility provide transportation for field trips? 🗆 Yes 🛛 No If yes, on average, how far from the facility are the field					
	trips?					
	If no, indicate how transportation is provided: 🗆 Vans are rented with drivers 🛛 🗆 Vans are rented without drivers					
	Buses are rented with drivers Buses are rented without drivers Parents, staff and volunteers drive their own cars					
	Other:					
57.	After vacating the vehicle, is a final check made after every use to make sure nobody is left inside? $\Box$ Yes $\Box$ No					
58.	Are all drivers at least 21 years of age?  Yes No Do you obtain MVRs on all drivers? Yes No					
59.	Do all drivers of applicable vehicles have a CDL license in accordance with state regulations? $\Box$ Yes $\Box$ No					
60.	Do employees/volunteers transport children in their own vehicles?  Yes No If yes, how often:					
61.	Total number of owned vehicles: Total number of hired vehicles: Annual cost of hire:\$					
62.	Are Certificates of Insurance required:					
	a. From drivers of personal vehicles showing auto liability limits of at least \$300,000?  Ves  No					
	b. From drivers of hired vehicles showing liability limits equal to or greater than the insured's limits?  Yes No					
Acc	cident Medical Coverage (Complete if requested) – APPLIES TO ALL LOCATIONS					
63.	Numbers of students by age: Under 7 years old Over 7 years old					
64.	Plan Desired:					
	Plan A \$12,500 Accident Medical Expense, \$10,000 Accidental Death & Dismemberment, \$0 Deductible					
	□ Plan B \$20,000 Accident Medical Expense, \$10,000 Accidental Death & Dismemberment, \$0 Deductible					
Pric	Prior Coverage – APPLIES TO ALL LOCATIONS					
65.	Has any prior coverage been cancelled or non-renewed?  Yes No If yes, explain:					
66.	Prior Policy Information					
	Policy Type         Company         Effective Date         Limit         Total Premium					
	Accident Medical					
	General Liability					
	Property					
	Auto					
	Other					

## Loss History – APPLIES TO ALL LOCATIONS

Enter all claims or occurrences that may give rise to claims for the prior 5 years; or check here if None; 🗆 or 🗆 See attached Loss Summary						
Date of	Line of	Type/Description of occurrence	Date of	Amount	Amount	Claim
Occurrence	Insurance	or claim	Claim	Paid	Reserved	Status
						0 C
						0 C
						0 C

Circle for Claim Status: O = Open, C = Closed

#### **Additional Coverages**

Please indicate which of the following important additional coverage enhancements we may quote for you:

Umbrella Liability

- Key Employee Replacement Coverage
- □ Food Contamination & Communicable Disease Coverage
- □ Child Abduction Coverage
- Directors' & Officers' Liability (Non-profit entities only)

## Remarks (IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER)

**FAIR CREDIT REPORT ACT NOTICE**: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics, and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance which this application is made. The applicant will be informed of the name and address of the consumer reporting agency that furnished the report.

**FRAUD WARNING:** 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 and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature		Date
Insurance Agent's Information:		
Producer's Name:		
Agency Name:	License#	
Email Address:		
Agency Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	