



Child Care Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____ DBA: _____

Location address: _____ Same as mailing address

City: _____ State: _____ Zip: _____

Description of operations:

Classification: Commercial center Residential/Family 100% Drop-in center Mommy/Daddy & Me center

Property Section

Construction: Frame Joisted masonry Non-combustible Masonry non-combustible
 Modified fire-resistive Fire-resistive Other _____

Protection class: _____

Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

Requested cause of loss: Basic Special Requested valuation: Replacement cost Actual cash value

What type of burglar alarm is on the premises? Central station Local None

Building Owner:

Is the building your residence? Yes No (if "Yes," building coverage is not available)

Building limit \$ _____ Square footage of structure? _____ sq. ft.

Business personal property limit \$ _____ Coinsurance: 80% 90% 100%

Property deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000

Liability Section

General liability limit: \$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000

Child abuse & molestation limit: \$25,000/\$50,000 \$100,000/\$300,000 \$300,000/\$600,000
 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000

Do you wish to purchase reimbursement coverage for certain/criminal defense cost (for owners/operators)? Yes No

Exposure basis: Average daily attendance _____ Licensed capacity _____

What year did the business start? _____

Do you have any other operations? Yes No If "Yes," describe: _____

Eligibility Section

No actual incidents in the past and no alleged incidents that are under investigation regarding child molestation or abuse

True False

Your license, registration or certification has never been revoked or suspended

True False

Outside play area is 100% fenced

True False

No premises swimming pool(s) or wading pool(s) deeper than 24 inches

True False

Business income and extra expense limit \$ _____

Coinsurance: 50% 60% 70% 80% 90% 100% or Monthly Limitation Option 1/3 1/4 1/6

Fence limit \$ _____ Outdoor sign limit \$ _____ Playground equipment limit \$ _____ Valuable papers limit \$ _____

Additional rating/Exposure questions

Is there an accident and health policy for the children in force? No Yes

If "Yes," please advise limits: \$2,000 \$3,000 \$5,000 \$10,000 Other

Do you have any animals on premises? No Yes – if "Yes," please select specific type

Dog or cat Frogs, guinea pigs, gerbils, domestic rats, parakeets or canaries

Other, please describe _____

Does the applicant ever transport or arrange transportation for children in care?

No Yes

Do you take any field trips to swimming pools?

No Yes

If "Yes,": Public pools only Residential pools only Both residential and commercial pools

Do you take field trips (excluding neighborhood walking trips):

No Yes

Is this center accredited by any of the following?

No Yes

If "Yes," please select the specific agency:

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

Others _____

Is this a 100% Drop-in care center? i.e.: short term care, parents on premise or easily accessible, and one child stay < 4 hours.

No Yes

Is the center open more than 14 hours per day? No Yes

If "Yes," select: 15 to 18 hours per day over 19 hours per day

Is there a wading pool 24 inches or less on the premises? No Yes – If "Yes," # of wading pools: _____

Additional Insureds/Mortgagees/Loss Payees

Name	Relationship/Interest	Address	City, State, Zip

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ELIGIBILITY CRITERIA

Enter the MAXIMUM number of children on the premises in each age group on the highest attendance date within the past 12 months:

# of children age 0-24 months: _____	# of staff members in room: _____
# of children age 25-35 months: _____	# of staff members in room: _____
# of children 3 years old: _____	# of staff members in room: _____
# of children 4-5 years old: _____	# of staff members in room: _____
# of children 6-8 years old: _____	# of staff members in room: _____
# of children 9-15 years old: _____	# of staff members in room: _____
Total # of children: _____	Total # of staff members::: _____

Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) True False

If "False," advise reason: _____

There is no sharing of employees with other entities True False

If "False," provide details: _____

1. No past, pending or planned bankruptcy or judgment for unpaid taxes against, the named insured or any officer, partner, member of owner of the applicant individually in the past five years True False
2. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring on premises N/A True False
3. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers N/A True False
4. Functioning and operational smoke and/or heat detectors in all units and/or occupancies True False
5. Functioning and operational fire extinguishers readily available True False
6. Pre-employment screening which includes verification that employees and any volunteer workers providing care on a regular basis have never been convicted of any crime, including sex-related or child abuse related offenses; and you continue to conduct periodic screening after employment or volunteering begins True False
7. The applicant has not, is not and will not act as franchisor (grantor of a franchise) True False
8. Number of children on the premises does not exceed the licensed capacity True False
9. Permission slips are obtained from parents/guardians for all field trips True False
10. No adult day care operations and no exposure to child and adult care at the same location True False
11. No nanny services, adoption services or referral operations True False
12. No home-made play equipment True False
13. Staff-to-child ratios meet the minimum state regulation at all times True False
14. Applicant is licensed and/or registered with the state (when required) True False
15. No exposure to trampoline, moonwalk or bounce equipment, gymnastic or wall- climbing equipment or ball-pits N/A True False
16. No martial arts or organized contact sports True False
17. Facility has more than one means of egress True False
18. No medications are dispensed without the parent's/guardian's and physician's (when required) written consent and instruction, and a log is kept of medicine administration True False
19. No prior animal injury without any changes or controls in place to prevent future occurrence True False
20. No single child is on the premises for more than 12 hours at a time True False
21. During the past five years, no applicant has been convicted of any degree of the crime of arson True False
22. All children accepted are under 15 years of age True False
23. An application is obtained including complete medical, emergency and contact information, is completed and signed by a parent or legal guardian for all children prior to their first stay (including drop-in centers) True False
24. Any violations cited in an inspection (state or insurance company) have been corrected within the deadline for compliance True False
25. Children are not left exclusively with caregivers under the age of 18 or with volunteers that have not had a background check performed by the center True False
26. Children are not left unsupervised at any time (including nap time) True False
27. No field trips to off premises residential swimming pools, lakes, beaches, skiing, ice/roller skating rinks, amusement/water parks or overnight True False

Answer if this is a RESIDENTIAL CENTER Not Applicable

- 1. Infants are placed in cribs and not on beds during naptime True False
- 2. There is a 1:6 staff to child ratio if ANY child is less than 3 years old or 1:8 staff to child ratio if EVERY child is over 3 years old True False

Answer if you are a COMMERCIAL CENTER Not Applicable

- 1. Kitchen facilities and heating appliances are physically separated from the children True False
- 2. There is a minimum of six inches of loose fill surfacing material (i.e. sand, pea gravel, shredded wood product or shredded rubber) OR a shock absorbing surface material (i.e. rubber tiles, mats or poured in place material) under all permanently installed climbing, rocking, rotating, bouncing or moving equipment. True False

Answer if you have any children enrolled with SPECIAL NEEDS Not Applicable

- 1. Center does not specialize in caring for children with special needs (less than 20% of the children require special care) True False
- 2. No children who are non-functioning in social atmosphere or display or have displayed in the past violent or aggressive behavior that may cause harm to themselves or others True False
- 3. Children have independent movement, are ambulatory and are mobile True False
- 4. No child has a condition that requires invasive medical procedures True False

Answer if you are a 100% DROP-IN CENTER Not Applicable

- 1. This is not a sick child center True False
- 2. Center is not open past 11 p.m. True False
- 3. Center has procedures in place so that once maximum licensed capacity or maximum staff to child ratio is reached no additional children are accepted True False

Answer if a 100% BEFORE/AFTER SCHOOL PROGRAM Not Applicable

- 1. Center is licensed to provide before or after care True False
- 2. Program is not located in gymnasium or cafeteria without structured activities True False
- 3. Program is not run by or in the name of the school True False

Answer if you are a DAY CAMP/SUMMER CAMP Not Applicable

- 1. Children are not allowed to stay overnight True False
- 2. Risk does not offer specialized care, such as weight loss camp or sports camp True False
- 3. No staff under age 18 True False
- 4. All staff under the age of 21 and all volunteers are supervised by an employee over the age of 21 True False
- 5. Risk is not a seasonal only camp (I.E. open only in summer months – June through August) True False

Answer if center provides EXTENDED HOURS OR OVERNIGHT CARE Not Applicable

- 1. If overnight care is provided, center is locked and/or security alarm is on after 7 p.m. True False
- 2. Center has at least two awake staff members on duty at all times True False
- 3. If you are a residential center, you do not provide care more than 18 hours per day True False

HIRED/NON-OWNED LIABILITY COVERAGE No Coverage Desired

- 1. Does applicant currently have a Business Auto policy? No Yes
- 2. Do you transport children or provide any transportation of children using insured's, employee's, other individual's vehicles (including parents) or contract service? No Yes
- 3. The applicant does not require its employees or volunteer to use their personal vehicles to conduct the applicant's business True False
- 4. The applicant does not have any owned vehicles or lease any automobiles on a long term basis True False
- 5. Coverage desired: Non-owned auto liability Hired/Non-owned auto liability
 100,000 300,000 500,000 1,000,000

IV. ADDITIONAL APPLICANT INFORMATION

Form of business: Individual Corporation Partnership LLC Other _____

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified 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.

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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: 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.

Maine 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 may include imprisonment, fines or a denial of insurance benefits.

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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

Pennsylvania 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 and Virginia 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____

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