



Application
For
Day Care Centers & Nurseries

1. Name of Applicant: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Applicant's Web Site address: _____

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

Effective Dates Desired From: _____ To: _____

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? (If yes, provide full details): _____ Yes No

7. Provide details of licensing, certification or registration needed for this operation: _____

8. Are you currently operating under a license "warning"? Yes No
 If YES, provide full details: _____
 Has your license ever been suspended or revoked? Yes No
 If YES, provide full details: _____
 Do you have any outstanding violations cited in an inspection that have not been corrected? Yes No
 If YES, provide full details: _____

9. Provide the number of the following personnel. (Other and Explain)

_____ Partners, Owners, Officers	_____	_____	
_____ Full Time Staff	_____	_____	
_____ Part Time Staff	_____	_____	
_____ Independent Contractors	_____	_____	

10. During the past 3 years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. Yes No
 Include description of claim, amounts paid and reserves: _____

11. 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: _____

12. 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? (If yes, provide full details below): Yes No

13. Number of children facility is licensed for? _____
 Average daily attendance? _____

14. Hours of operation? From: _____ To: _____

15. Annual gross sales? _____

16. 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. _____

17. 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 _____
 (F) Functioning and operational fire extinguishers on premises? Yes No
 (G) Functioning and operational smoke and/or heat detectors on premises? Yes No

18. Do you meet state staffing requirements? Yes No
 Give number of children in each age group and teachers/attendants for each group.

Age Group	Number of Children			No. of Teachers
	Full Day	A.M.	P.M.	
1 Thru 12 Months	_____	_____	_____	_____
1 Thru 3 Years	_____	_____	_____	_____
4 Thru 5 Years	_____	_____	_____	_____
6 Thru 10 Years	_____	_____	_____	_____

Ratio of teachers to children must meet state staffing requirements.

19. Do you require a physical examination or medical certificate before a child is accepted? Yes No

20. Do you accept physically or mentally challenged children? Yes No

If yes, state the number and degree of handicap # _____ Degree _____

21. Play equipment on premises:
 Swings Jungle Gym Slide Sandbox Trampoline Inflatable bounce equipment
 Other (List): _____
 Is all play equipment securely anchored? Yes No
 Is there impact absorbing material under and around play equipment? Yes No
22. Pool Wading Above ground Inground
 Size: _____ X _____ FT. Depth: From _____ FT. to _____ FT
 Is pool fenced? Yes No Height of fence _____ feet.
 Is pool locked when not in use? Yes No

 Are day care children allowed to use the pool? Yes No
 If so, what is the ratio of adults to children when they are in the pool? _____

 What is the age of the pool? _____
 Number of pool drains per pool? _____
 Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No

 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
 If NO provide full details: _____
 Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No
 Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No
 Are dual or multiple drains at least three (3) feet apart? Yes No

 Number of diving boards _____ Height of boards _____
 Number of slides _____ Height of slides _____
23. Are there any animals on the premises? Yes No
 If yes, explain _____
 If there are dogs, list breed(s) _____
24. Is yard fully fenced? Yes No
25. Are there any special classes taught? (swimming, gymnastics, for example) Yes No
 If yes, list _____
26. Are there any overnight stays? Yes No
 If yes, give full details _____
27. Provide full details of field trips including amount of supervision: _____

 Are consent forms obtained from all parents before a field trip? Yes No
28. Will you accept a child who is sick? Yes No
 If yes, how is situation handled. _____
29. Are any medications administered? Yes No
 If yes, do you require a signed consent form from parent or guardian? Yes No
30. Do you have a before/after school program? Yes No
 If yes, who is responsible for seeing the child gets to and from school? _____

31. Do you require written notification if someone other than the parent or guardian will be picking up the child? Yes No

32. 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 _____

33. **Limits of Insurance Requested:**

General Aggregate Limit (Other Than Products – Completed Operations) \$ _____
Products – Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____
Each Occurrence Limit \$ _____
Damage to Premises Rented by You (Up To \$100,000 Limit Available) \$ _____ Any One (1) Premises
Medical Expense Limit (Up To \$5,000 Limit Available) \$ _____ Any One (1) Person
Each Professional Incident Limit (If Applicable) \$ _____

34. Have you or any employee, volunteer or other person working for you, ever been Yes No
arrested or convicted of a crime?
Please provide complete details _____

FOR SEXUAL MOLESTATION COVERAGE , PLEASE COMPLETE QUESTIONS 35 THROUGH 37.

\$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here Coverage is NOT requested.

35. Has your facility had any incidents or claims brought against it for sexual molestation Yes No
or any other allegation of misconduct?
Please provide details _____

36. Has any facility that you have been associated with in the past ever had any incidents Yes No
occur or claims brought against it while you were there?
Describe _____

37. Does your facility do background checks on all employees and volunteers? Yes No
Describe type of checks performed (prior employer, police, etc.) _____

38. Are there written guidelines in place regarding sexual misconduct? Yes No
If NO, please explain _____

39. Please check the limits you are requesting: \$25,000/50,000 - included
 \$50,000/100,000 \$100,000/300,000 300,000/600,000 \$500,000/1MM \$\$1MM/2MM

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____