

CHILD CARE SERVICES APPLICATION

This application, along with requested documentation and ACORD forms for the lines of insurance you are requesting, must be completed in its entirety to avoid a delay in your proposal. No coverage is bound or afforded by this application.

Date of Application _____ Proposed Effective Date: _____

Agent/Broker: _____

Address: _____

Contact Name: _____ Telephone Number: _____

E-Mail _____ Fax Number: _____

Applicant Name: _____

Mailing Address: _____

Contact Name: (For Inspections) _____ Telephone Number: _____

E-Mail _____ Fax Number: _____

Website Address _____

1. Legal Business Status: Sole Proprietor Partnership Corporation Joint Venture LLC
 Other: _____

2. For Profit Not For Profit; 501(c)3 501(c)4 501(c)6 501(c)7

3. Date business started under current ownership: _____

4. Have you had any bankruptcies or liens against you? Yes No

If yes, explain. _____

5. List and describe all applicable license(s). Please attach copies. For each location, include type (center, school, nursery, other), licensed capacity, and expiration date. Identify and describe any suspensions, revocations, lapses, proceedings, hearings, investigations or complaint reports.

6. List and describe membership and participation in applicable Child Care organizations in your jurisdiction (NCCA, NAEYC, etc.) and describe any applicable accreditations. Indicate any membership suspensions, revocations, lapses, proceedings, hearings, investigations or complaint reports.

7. Provide name, title and qualifications of principal Manager or Director. Include years and positions held in child care business, educational and training credentials.

8. What is your staff/enrollment (excluding director) for **all** covered locations combined?

	Teachers With Degrees	Teachers Without Degrees, Aides	Volunteers	Children
Infants under 18 months				
Infants over 18 months				
Preschool (2-4 Years)				
Kindergarten				
Grade 1 – 5				
Grade 6 – 8				
Age 16 or greater				

Number of Nurses _____ Kitchen Staff _____ Janitorial Staff _____ EMT's _____

Is there always someone trained in CPR and first aid on the premises? Yes No

How many staff are currently certified in CPR? _____

Other Staff? (describe position and numbers of employees) _____

Approximately what percentage of your staff turns over on a yearly basis? _____

Total Staff: _____

Any staff or volunteers under age 18? Yes No

If yes, describe duties and how they are supervised.

9. Employee/Volunteer Hiring or Selecting Procedures

	Employees		Volunteers	
	Yes	No	Yes	No
a. Do you require a written application for all employees and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do applications require the applicant's signature and include a warning that untruthful answers are grounds for dismissal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do applications include questions concerning any prior abuse or molestation allegations, incidents, convictions, or pleadings of guilty or "no contest" to a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the application include an acknowledgement that a background check may be conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you screen employees/volunteers for drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Does your application require the applicant to explain all "yes" answers to the above question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you use any form of psychological profiling or abuse screening techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you perform qualification or credential checks on all professional staff including teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Employees		Volunteers	
		Yes	No	Yes	No
i.	Do you perform documented reference checks including criminal records background checks on a state and federal level on all employees including janitorial staff, and all volunteers, who have supervisory/disciplinary power over children? Please explain any exceptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> State		<input type="checkbox"/> State	
		<input type="checkbox"/> Federal		<input type="checkbox"/> Federal	
j.	How often do you perform reference and criminal background checks?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 Years
10.	Policies And Procedures For The Prevention Of Abuse/Molestation			Yes	No
a.	Do you have written policies and procedures for the prevention of abuse/molestation?			<input type="checkbox"/>	<input type="checkbox"/>
b.	Does your written procedures manual:			<input type="checkbox"/>	<input type="checkbox"/>
	(1) Outline the organizations commitment child safety and the safety of any other victim group in your care, custody or control?			<input type="checkbox"/>	<input type="checkbox"/>
	(2) Establish a child/victim group protection policy with assigned responsibilities and accountabilities?			<input type="checkbox"/>	<input type="checkbox"/>
	(3) Contain procedures for the immediate and proper handling of sexual or other abuse allegations?			<input type="checkbox"/>	<input type="checkbox"/>
	(4) Restrict "one on one" exposures between employee/volunteer and clients?			<input type="checkbox"/>	<input type="checkbox"/>
	(5) Establish that child care staff must adhere to the three person rule*? This rule prevents an adult from being alone with one youth. A second adult must be present, or there must be two or more youth with an adult.			<input type="checkbox"/>	<input type="checkbox"/>
	(6) Establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities?			<input type="checkbox"/>	<input type="checkbox"/>
c.	Are there rules and are they enforced?			<input type="checkbox"/>	<input type="checkbox"/>
	(1) Is corporal punishment permitted?			<input type="checkbox"/>	<input type="checkbox"/>
	(2) Transportation done by two adults or very strict time and routes enforced?			<input type="checkbox"/>	<input type="checkbox"/>
	(3) Child custody is pre-established for pick-up and visits?			<input type="checkbox"/>	<input type="checkbox"/>
	(4) Overnight activities (if applicable) are clearly planned and approved by management?			<input type="checkbox"/>	<input type="checkbox"/>
	(5) Off premises activities are only done with 2 or more prepared staff/volunteers?			<input type="checkbox"/>	<input type="checkbox"/>
	(6) Are unannounced parental visits and program involvement encouraged?			<input type="checkbox"/>	<input type="checkbox"/>
	(7) Are any 15-passenger vans used?			<input type="checkbox"/>	<input type="checkbox"/>
	(8) Is there a buddy system in place for children?			<input type="checkbox"/>	<input type="checkbox"/>
d.	Are policy statements written and publicly displayed?			<input type="checkbox"/>	<input type="checkbox"/>
e.	Do your policies communicate that civil or criminal prosecution of anyone suspected of an abuse and molestation incident to the fullest extent allowed by law?			<input type="checkbox"/>	<input type="checkbox"/>
11.	Abuse or Molestation Training for Employees/Volunteers				
		None	Orientation	Formal Training	Records Kept
Employees		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|---|--------------------------|--------------------------|
| 12. Do your employee/volunteer training procedures: | | |
| a. Have a documented orientation program in place that clearly indicates "zero tolerance" of any type of abuse or molestation to the child/victim group and outlines what action will be taken in the event of any such abuse or molestation? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Include training in the recognition of sexual/physical abuse symptoms and include procedures to follow if a peer is suspected of such abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have a probationary period in place with close observation of all new employees/volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Periodically schedule refresher training for all employees/volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Document all training for content and frequency? | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL SUPERVISION

13. To prevent children from being released to unauthorized persons, please indicate which of the following precautions are taken:

- Sign-out sheet
- Staff member must see the person before the child is released
- Staff member calls parent when unfamiliar person comes to pick up child
- Staff member checks ID against child's approved pickup list before releasing child
- Other _____

14. Indicate which of the following procedures are used when dispensing medications to children:

- Written parental permission required
- Written instructions for use is provided by parent
- Medication is kept in its original container/package
- Written records are kept of all mediations dispensed
- Other _____

15. Are off-site field trips conducted? Yes No
 If yes, describe where and how often? _____

16. a. How is offsite transportation provided? By Facility, Parents, Volunteers Others? _____

b. Describe fully any controls regarding driver qualifications and insurance requirements.

c. Describe the controls you have in place to prevent a child from being unattended or lost at a field trip.

- | | Yes | No |
|--|--------------------------|--------------------------|
| d. Are release forms obtained from both parents/guardians for each trip? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are staff to child ratios maintained or increased during the trip? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any overnight trips? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are children required to wear an identification badge? | <input type="checkbox"/> | <input type="checkbox"/> |

17. Statement Of Losses

Be sure to include completed Acord 125, with prior carrier premium and losses for last three years. Provide full details on any abuse or molestation loss incurred in the past ten years.

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LOCATION SPECIFIC INFORMATION – ANSWERS ARE FOR EACH LOCATION.
Complete additional sheets for questions 18 and 19.

18. Location # _____

a. Location address, if different than mailing address:

b. Hours of operation: From _____ To _____

c. Number of days per week _____ Number of weeks per year _____

d. How long have you operated at this location? _____

e. If different than question 6., provide name, title and qualifications of principal Manager or Director. Include years and positions held in child care business, educational and training credentials.

f. Licensed Capacity: _____ Current enrollment _____

g. Average number of children per day? _____

h. Are special needs children cared for? Yes No

If yes, how many? _____

i. Describe type of special needs you accommodate, and any special arrangements made, including provision of adequately trained staff designated to care for these children.

j. How many 'drop in' children are accepted, if any? _____

k. Are these children formally enrolled? Yes No

Describe: _____

l. Does location have its own play area? Yes No

If no, give name of play facility used, and describe terms of use _____

m. Is the play ground area fenced? Yes No

n. List all playground equipment:. Describe inspection and maintenance procedures. Specifically identify any equipment with a platform 6 feet or higher, or that reaches 8 feet or higher.

o. Are there any trampolines? Yes No

p. Describe shock absorbing (impact attenuation) surfaces at equipment fall zones—type of material and depth.

q. Describe maintenance, care and frequency of inspection of shock absorbing surfaces at equipment fall zones.

r. Do you utilize a swimming pool or any other body of water? Yes No

If yes, describe: _____

s. Is there a diving board? Yes No

t. Is the pool area completely fenced? Yes No

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- u. Is the gate always locked when not in use? Yes No
- v. Describe all water and swimming activities; attach contracts for activities performed by others (swimming lessons, etc.)

w. Describe all safety procedures.

- x. Ownership: Public Private Other:
- y. Special activities such as dance, gymnastics, tumbling, or horseback riding? Yes No
 If yes, describe: _____
- z. Are pets or animals kept? Yes No
 If yes, describe activities they are involved in, and caging and handling procedures.

19. What is your staff and enrollment (excluding director) at this location? (Complete this section for each location if more than one location, otherwise the information on page 2 of the application is all that is required)

	Teachers With Degrees	Teachers Without Degrees, Aides	Volunteers	Children
Infants under 18 months				
Infants over 18 months				
Preschool (2-4 Years)				
Kindergarten				
Grade 1 - 5				
Grade 6 - 8				
Age 16 or greater				

Number of Nurses _____ Kitchen Staff _____ Janitorial Staff _____ EMT's _____

Is there always someone trained in CPR and first aid on the premises? Yes No

How many staff are currently certified in CPR? _____

Other Staff? (describe position and numbers of employees)

Total Staff: _____

Any staff or volunteers under age 18? Yes No

If yes, describe duties and how they are supervised.

20. Please submit the following items to our office when returning the completed application

- Photographs of the premises to be insured - be sure to include photos of the interior, exterior, and playground equipment.
- Copy of your state license(s)
- Employee roster, listing employee's experience and birth date; if employees drive vehicles owned by the facility, we need their driver's license number and expiration date.
- Employee guidelines
- Copy of Employment Application and/or Volunteer Application
- Verification of Student Accident Insurance Policy
- Parent's handbook and enrollment packets
- Copy of your disaster plan and the school's procedure for handling child injuries and illness.
- Copy of your current insurance policies covering your facility operations
- Copy of all brochures and promotional materials.
- Copy of any state inspection or complaint reports conducted during the past three years
- Hard Copy Loss Runs: For each Line of Insurance you are requesting, and Company loss Runs for last three years.

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARKANSAS: 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.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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: 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: 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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: 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.

LOUISIANA: 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.

MAINE: 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.

MASSACHUSETTS: NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY FOR AUTO: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **FOR WC:** I UNDERSTAND THAT ANY INTENTIONAL FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT IN THIS APPLICATION MAY SUBJECT ME TO PENALTIES AS ARE PROVIDED BY LAW.

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK FOR AUTO: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. **FOR ALL OTHER:** 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: 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: 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: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

_____YES _____NO

TENNESSEE FOR WC: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

FOR ALL OTHER: 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.

UTAH FOR WC: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: 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.

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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 civil penalties. Not applicable in Nebraska.

Signature of Applicant

Date