

## Child Care Application

This application must be completed in its entirety before being accepted for submission.

No coverage 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: \_\_\_\_\_
2. Named Insured (as on policy) \_\_\_\_\_
3. Address: \_\_\_\_\_  
 \_\_\_\_\_
4. a. Business Type: Individual Corporation Partnership Other \_\_\_\_\_  
 b. Profit Nonprofit  
 c. Commercial Child Care with camp Montessori  
 Nursery School Head Start Private School  
 Other: \_\_\_\_\_  
 d. Federal ID No. \_\_\_\_\_  
 e. Are you a member of: NAEYC NCCA NACCP
5. List all accreditations and attach copies of certificates: \_\_\_\_\_  
 \_\_\_\_\_
6. Person to contact for inspection: \_\_\_\_\_ Phone # \_\_\_\_\_
7. Number of years applicant has been in the business: \_\_\_\_\_

### Employee Practices- Applies to all locations.

8. Are employees (paid & volunteer) required to complete an employment application?  
 Yes No If no, please explain: \_\_\_\_\_
9. Are criminal investigations conducted on all employee (paid & volunteer) before hiring?  
 Yes No Explain how investigated: \_\_\_\_\_  
 \_\_\_\_\_
10. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related offences? Yes No
11. Do you discuss at staff orientation, child/sexual, how to recognize the signs, and what to do if a child reports someone molested him/her? Yes No

## Child Care Application

12. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media? Yes    No
13. a. 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 claims.
- b. Do you have guidelines that prohibit the use of corporal punishment? Yes    No

### Facility- Location 1 (Complete 1 additional location supplement per location)

14. Do you operate more than one location? Yes    No  
 If yes, explain if not submitted to us? \_\_\_\_\_  
 \_\_\_\_\_
15. How long has applicant operated at this location? \_\_\_\_\_
16. Location address, if different than mailing address: \_\_\_\_\_  
 \_\_\_\_\_
17. Is the facility licensed by the State?    Yes (attach copy)    No (If yes, explain in Remarks Section)
18. Has the license ever been revoked? Yes    No
19. Hours of operation:    From: \_\_\_\_\_ to \_\_\_\_\_  
 Number of days per week \_\_\_\_\_    Number of months per year \_\_\_\_\_
20. Do any children stay overnight? Yes    No
21. Child care facility located at:    Private home    Church    Apartment    YMCA  
    Commercial Building    Other: \_\_\_\_\_
22. List other occupancies in the same building: \_\_\_\_\_
23. List adjacent businesses: \_\_\_\_\_
24. Additional Insured required? Name, address, relationship: \_\_\_\_\_  
 \_\_\_\_\_

### Personnel- Location 1

25. Name of Executive Director/Manager \_\_\_\_\_  
 Number of years in child care: \_\_\_\_\_ Specialized training or education: \_\_\_\_\_
26. Number of teachers with degrees: \_\_\_\_\_    Number of teachers without degree: \_\_\_\_\_
27. Number of Aides: \_\_\_\_\_    Number of Volunteers: \_\_\_\_\_  
 Number of Nurses: \_\_\_\_\_    Number of EMTs: \_\_\_\_\_

## Child Care Application

28. Number of Kitchen Staff: \_\_\_\_\_ Number of Janitorial Staff: \_\_\_\_\_  
 Other: \_\_\_\_\_
29. Total Number of Employees: \_\_\_\_\_
30. Is there always someone trained in CPR and first aid on the premises? Yes    No

### Enrollment- Location 1

31. Licensed Capacity: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_  
 Average Age of Children per play: \_\_\_\_\_
32. 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      | _____ # of Staff | _____ # of Children |
| Toddlers, ages 1-2     | _____ # of Staff | _____ # of Children |
| Toddlers, ages 2-3     | _____ # of Staff | _____ # of Children |
| Preschoolers, ages 3-5 | _____ # of Staff | _____ # of Children |
| School age children    | _____ # of Staff | _____ # of Children |
33. Are "special needs" children cared for? Yes    No    If yes, how many? \_\_\_\_\_
34. Describe the disabilities and special arrangements made to care for these children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Play Facilities Location 1

35. Does the facility have its own play area? Yes    No  
 If no, give name of facility used? \_\_\_\_\_
36. Is play area fenced? Yes    No  
 Describe all playground equipment including the maximum height of the equipment:  
 \_\_\_\_\_
37. Describe surface playground equipment: \_\_\_\_\_ Depth of Surface: \_\_\_\_\_
38. Do you utilize swimming facilities? Yes    No

## Child Care Application

### Operations- Location 1

39. What precautions are taken to prevent children from accessing cooking areas, stoves, microwave ovens, ect.? \_\_\_\_\_  
 \_\_\_\_\_
40. What precautions are taken to prevent child being released to unauthorized persons? \_\_\_\_\_  
 \_\_\_\_\_
41. Describe the procedure for dispensing medicine: \_\_\_\_\_  
 \_\_\_\_\_
42. Are there any pets at this location? Yes    No  
 If yes, describe the pet, including size: \_\_\_\_\_
43. Are special classes provided? Yes    No  
 If yes, explain in remarks. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage? Yes    No

### Special Events- Location 1

44. Number of field trips conducted each year? \_\_\_\_\_ Are released forms obtained? Yes    No
45. Describe each trip: \_\_\_\_\_  
 \_\_\_\_\_
46. a. Do you rent the facility to others? Yes    No If so to whom? \_\_\_\_\_  
 b. Describe any special events sponsored by the center: \_\_\_\_\_  
 Do you obtain Certificates of Insurance? Yes    No

### Transportation- Location 1

47. Does the facility provide transportation to and from the center? Yes    No
48. Does the facility provide transportation for field trips? Yes    No  
 If no, how is it provided? \_\_\_\_\_
49. Are all drivers at least 21 years of age? Yes    No  
 Do you obtain MVRs on all drivers? Yes    No
50. Do all drivers have a CDL license in accordance with state regulations? Yes    No
51. If vehicles are hired for field trips, are they hired with driver? Yes    No
52. Do employees/volunteers transport children in their own vehicles? Yes    No  
 If yes, how often? \_\_\_\_\_
53. Are Certificates of Insurance required showing liability of at least \$300,000? Yes    No
54. Total number of owned vehicles: \_\_\_\_\_ Total number of hired vehicles: \_\_\_\_\_  
 Annual cost of hire: \_\_\_\_\_



---

## Child Care Application

---

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.

Any person who knowingly and with intent to defraud any insurance company or other person files a 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, 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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_