



# 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 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address or complete Section V.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Address: \_\_\_\_\_

Description of Operations:

Classification:  Commercial Center  Residential/Family  100% Drop-In Center  Mommy/Daddy & Me Center

### 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

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? \_\_\_\_\_

How many hours is center open each day? \_\_\_\_\_

Do you have any other operations?  Yes  No If Yes, describe: \_\_\_\_\_

### Property Section

Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible \_\_\_\_\_  
 Modified Fire-Resistive  Fire-Resistive  Other \_\_\_\_\_

Plumbing Type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_

Protection Class: \_\_\_\_\_

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

Requested Cause of Loss:  Basic  Special

Requested Valuation:  Replacement Cost  Actual Cash Value

Deductible:  \$500  \$1,000  \$2,500  \$5,000  \$10,000

Business Personal Property Limit \$ \_\_\_\_\_ Coinsurance:  80%  90%  100%

Business Income & Extra Expense Limit \$ \_\_\_\_\_

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

Playground Equipment Limit \$ \_\_\_\_\_

#### Building Owner:

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

Building Limit \$ \_\_\_\_\_

What year was the Building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

If you are a residential center, you have a minimum staff to child ratio of 1:6  N/A  True  False

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

No trips to lakes, beaches, water parks, other residential pools, skating rinks, skiing or amusement parks and no overnight trips are taken  True  False

No children require invasive medical procedures or care  True  False

### Additional Insureds/Mortgagees/Loss Payees

Name	Relationship/Interest	Address	City, State, Zip

**II. LOSS INFORMATION FOR THE PAST 3 YEARS**

<b>Property Coverages</b>		<input type="checkbox"/> None, or provide detail below.	
<b>Year</b>	<b>Status</b>	<b>Incurred</b>	<b>Description</b>
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

<b>Liability Coverages</b>		<input type="checkbox"/> None, or provide detail below.	
<b>Year</b>	<b>Status</b>	<b>Incurred</b>	<b>Description</b>
_____	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 3 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 or owner of the applicant individually in the past five years.  True  False
2. If any building built prior to 1978, 100% of the electric wiring is on functioning and operational circuit breakers  True  False
3. Functioning and operational fire extinguishers are readily available  True  False
4. Functioning and operational smoke and/or heat detectors are in all units and/or occupancies  True  False
5. If any building built prior to 1978, no building with knob-and-tube or aluminum wiring  True  False
6. The applicant has not, is not and will not act as a franchisor (Grantor of a Franchise)  True  False
7. All children accepted are under the age of 15  True  False
8. An application is obtained including complete medical, emergency and contact information, and signed by a parent or legal guardian for all children prior to their first stay  True  False
9. Any violations cited in an inspection (state or insurance company) have been corrected within the deadline for compliance  True  False
10. Applicant does not travel to destinations to provide child care services  True  False
11. Applicant is licensed and/or registered with the state (where required)  True  False
12. Children are never 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
13. Children are not left unsupervised at any time (including nap time)  True  False
14. Center has more than one means of egress  True  False
15. Kitchen facilities and heating appliances are physically separated from the children  True  False
16. No adult day care operations and no exposure to child and adult care at the same location  True  False
17. No exposure to trampoline, moonwalk or bounce equipment, gymnastic or wall-climbing equipment, or ball-pits  True  False
18. There is a minimum of six (6) inches of loose fill surfacing material (i.e. sand, pea gravel, shredded wood product or shredded rubber) OR a shock absorbing material (i.e. rubber tiles, mats or poured in place material) under all permanently installed climbing, rocking, rotating, bouncing or moving equipment. (applicable to Commercial Centers only)  N/A  True  False
19. No home-made play equipment  True  False
20. No martial arts or organized contact sports  True  False
21. 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
22. No nanny services, adoption services or referral operations  True  False
23. Number of children on the premises does not exceed the licensed capacity  True  False
24. Permission slips are obtained from parents/guardians for all field trips  True  False
25. Staff-to-child ratios meet the minimum state regulation at all times  True  False
26. No prior animal injury incidents without any changes or controls in place to prevent future occurrences.  True  False
27. No single child is on the premises for more than 12 hours at a time  True  False
28. Center is not a 100% Sick Care operation  True  False
29. You conduct 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. You continue to conduct periodic screening after

employment or volunteering begins

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

**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

**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 11:00 pm

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 children over age 15

True  False

4. No staff under age 18

True  False

5. All staff under the age of 21 and all volunteers are supervised by an employee over the age of 21

True  False

6. 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 7:00 pm

True  False

2. Center has at least 2 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, employees', parent's vehicles or contract service?

No  Yes

3. Coverage desired:  Non-owned Auto Liability  Hired/Non-owned Auto Liability  
 100,000  300,000  500,000  1 Mil

**IV. ADDITIONAL RATING QUESTIONS**

1. Do you have any animals on premises other than frogs, guinea pigs, gerbils, domestic rats, parakeets or canaries?  No  Yes -- If yes, describe: \_\_\_\_\_

2. Is this child care 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 the Education of Young Children
- NAFCC - National Association for Family Child Care
- NECPA - National Early Childhood Program Association
- Others \_\_\_\_\_

3. Do you take any field trips to public pools?  No  Yes

4. Is there a wading pool 24 inches or less on the premises?  No  Yes

# of wading pools: \_\_\_\_\_

5. Is the center open more than 14 hours per day?  No  Yes - If Yes, select number hours of open:

- 15 to 18 hours per day
- Open 19 hours or more per day

6. 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

**V. ADDITIONAL APPLICANT INFORMATION**

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Telephone/Email 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:** 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.

**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: \_\_\_\_\_

*This application is for the exclusive use of United States Liability Insurance Company and its authorized representatives.  
The unauthorized use of this application in any form is strictly prohibited.*