



## In Home Day Care Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

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

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### PREMISES INFORMATION

1. Are there any other businesses operated from these premises? .....  Yes  No

2. Describe the building, age, construction, # of stories, etc. \_\_\_\_\_

3. Any cooking done on premises when children are present? .....  Yes  No

If so, what safety precautions are taken to avoid injury to children? \_\_\_\_\_

4. Indicate what safety equipment is located on premises:

<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Sprinklers
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Child Safety Equipment	<input type="checkbox"/> Other _____

5. Have premises been inspected for compliance with building codes and health standards? .....  Yes  No

Any prior citations for health, safety or building code violations during the last 3 years? .....  Yes  No

If yes, explain: \_\_\_\_\_

6. Is there an outdoor play area? .....  Yes  No

Is it fenced?.....  Yes  No

Describe play equipment and facilities: \_\_\_\_\_

7. Are there any pets at this location? .....  Yes  No

If yes, describe type of pet and where it is kept. \_\_\_\_\_

8. Is there a swimming pool or bathing beach on the premises? .....  Yes  No

If yes, describe: \_\_\_\_\_

9. Any special classes taught? .....  Yes  No

If yes, describe: \_\_\_\_\_

10. Do you offer off-premises activities: .....  Yes  No

If yes, describe: \_\_\_\_\_

### OPERATIONS

1. How long has applicant been in business? \_\_\_\_\_

2. Is the Applicant licensed/registered? .....  Yes  No

License/Registration Number: \_\_\_\_\_

**Attach** a copy of the license or registration.

**OPERATIONS (Continued)**

- 3. What Child Care Providers Association does applicant belong to? \_\_\_\_\_
- 4. What is the maximum number of children permitted by license/registration? \_\_\_\_\_
- 5. What is the maximum number of children on the premises at any one time? \_\_\_\_\_
- 6. Are signed permission slips obtained from parents? .....  Yes  No  
How long are they maintained? \_\_\_\_\_
- 7. Indicate the number of children in each age group and the number attendants assigned to each age group, indicate full or part-time:

AGE GROUP	# OF CHILDREN	# OF ATTENDANTS	FULL TIME (F/T) OR PART TIME (P/T) CARE
0 TO 24 MONTHS			
25 MONTHS TO 3 YEARS			
4 YEARS TO 6 YEARS			
OVER 6 YEARS			

- 8. Are "special needs children" cared for? .....  Yes  No  
If yes, describe: \_\_\_\_\_  
Is applicant staffed with qualified individuals to handle these children and their special needs? .....  Yes  No  
**Attach** a list of all attendants, along with a description of their previous experience.
- 9. Is there a formalized employee screening and monitoring procedure in place? .....  Yes  No
- 10. Have you verified personal references and checked for any possible criminal records for your staff? .....  Yes  No  
How often do you update your personnel records? \_\_\_\_\_
- 11. Any licensed teachers on staff? .....  Yes  No  
Any nurses or health care professionals on staff? .....  Yes  No  
Any staff members under 18 years of age? .....  Yes  No  
If yes, are they always supervised? .....  Yes  No
- 12. Has any member of your staff or household (including yourself), been sued, investigated, implicated, arrested, or convicted of any crime other than a traffic violation? .....  Yes  No  
If yes, provide details: \_\_\_\_\_
- 13. Are you or any member of your staff under the care of any of the following:  
 Mental Health Clinic  Psychiatrist  Psychologist  Alcohol/Drug Abuse Counseling  Other \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- 14. What days of the week do you operate?  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
Daily hours of operation? \_\_\_\_\_
- 15. Describe how injuries or illnesses are handled: \_\_\_\_\_  
\_\_\_\_\_
- 16. Does applicant maintain a record of medical information (allergies, regular medications, doctor's name and phone number)? .....  Yes  No  
Does applicant require parents to provide medical care releases? .....  Yes  No  
Do you dispense medication? .....  Yes  No  
Are all medications kept in a locked cabinet? .....  Yes  No
- 17. **Attach** a copy of the applicant's rules and discipline policy.

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_

EACH OCCURRENCE \$ \_\_\_\_\_

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_

MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**OPTIONAL COVERAGE**

**ABUSE OR MOLESTATION LIMITED LIABILITY COVERAGE** (You May Only Select One Option)

<input type="checkbox"/>	\$ 25,000 Each Event	\$ 50,000 Aggregate
<input type="checkbox"/>	\$ 50,000 Each Event	\$ 100,000 Aggregate
<input type="checkbox"/>	\$ 100,000 Each Event	\$ 300,000 Aggregate
<input type="checkbox"/>	Other: \$	\$

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, Explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**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.

**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:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** 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, Tennessee, Virginia, Washington:** 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.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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:** 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.

**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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date