

Agency Name:  
Address  
Contact Name:  
Phone:  
Email:

## 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 (ft) 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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**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.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**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.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: 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.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: 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.

### **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 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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**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 such person to criminal and civil penalties.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date