



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

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

Description of Operations:

[Empty box for Description of Operations]

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

Property Section

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

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

Is the building fully protected by an operational sprinkler system covering 100% of the premises? [ ] Yes [ ] No

Requested Cause of Loss: [ ] Basic [ ] Special Requested Valuation: [ ] Replacement Cost [ ] Actual Cash Value

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

Building Owner:

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

Building Limit \$ \_\_\_\_\_ Square footage of structure? \_\_\_\_\_ sq. ft.

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

Property Deductible: [ ] \$500 [ ] \$1,000 [ ] \$2,500 [ ] \$5,000 [ ] \$10,000

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 [ ] \$1,000,000/\$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: \_\_\_\_\_

Eligibility Section

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

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

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

Fence Limit \$ \_\_\_\_\_ Outdoor Sign Limit \$ \_\_\_\_\_ Playground Equipment Limit \$ \_\_\_\_\_ Valuable Papers Limit \$ \_\_\_\_\_

Additional Rating/Exposure Questions

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

Do you have any animals on premises? [ ] No [ ] Yes - if yes please select specific type

[ ] Dog or Cat [ ] Frogs, guinea pigs, gerbils, domestic rates, parakeets or canaries

[ ] Other, please describe \_\_\_\_\_

Does the applicant ever transport or arrange transportation for children in care? [ ] No [ ] Yes

Do you take any field trips to swimming pools? [ ] No [ ] Yes

If Yes: [ ] Public Pools Only [ ] Residential Pools Only [ ] Both Residential & Commercial Pools

Do you take field trips (excluding neighborhood walking trips): [ ] No [ ] Yes

Is this 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 Education of Young Children

[ ] NAFCC- National Association for Family Child Care [ ] NECPA- National Early Childhood Program Association

[ ] Others \_\_\_\_\_

Is this a 100% Drop- in care Center? i.e.: short term care, parents on premise or easily accessible, and one child stay < 4 hours. [ ] No [ ] Yes

Is the center open more then 14 hours per day? [ ] No [ ] Yes

If yes select: [ ] 15 to 18 hours per day [ ] over 19 hours per day

Is there a wading pool 24 inches or less on the premises? [ ] No [ ] Yes - If Yes, # of wading pools: \_\_\_\_\_

Additional Insureds/Mortgagees/Loss Payees

Table with 4 columns: Name, Relationship/Interest, Address, City, State, Zip

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Property Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

Age of Roof \_\_\_\_\_ yrs. Plumbing updated (yr) \_\_\_\_\_ Electrical updated (yr) \_\_\_\_\_ Heating updated (yr) \_\_\_\_\_  
 Roof Type:  Flat  Wood Shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_  
 Plumbing Type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_

IV. ELIGIBILITY CRITERIA

Business Income & Extra Expense Limit \$ \_\_\_\_\_  
 Coinsurance:  50%  60%  70%  80%  90%  100% or Monthly Limitation Option  1/3  1/4  1/6  
 Fence Limit \$ \_\_\_\_\_ Outdoor Sign Limit \$ \_\_\_\_\_ Playground Equipment Limit \$ \_\_\_\_\_ Valuable Papers Limit \$ \_\_\_\_\_

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 of owner of the applicant individually in the past five (5) years  True  False
2. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring on premises  N/A  True  False
3. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit break  N/A  True  False
4. Functioning and operational smoke and/or heat detectors in all units and/or occupancies  True  False
5. Functioning and operational fire extinguishers readily available  True  False
6. Business does not operate on a seasonal basis  True  False
7. 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; and you continue to conduct periodic screening after employment or volunteering begins  True  False
8. The applicant has not, is not and will not act as franchisor (Grantor of a Franchise)  True  False
9. Number of children on the premises does not exceed the licensed capacity  True  False
10. Permission slips are obtained from parents/guardians for all field trips  True  False
11. No adult day care operations and no exposure to child and adult care at the same location  True  False
12. No nanny services, adoption services or referral operations  True  False
13. No home-made play equipment  True  False
14. Staff-to-child ratios meet the minimum state regulation at all times  True  False
15. Applicant is licensed and/or registered with the state (when required)  True  False
16. No exposure to trampoline, moonwalk or bounce equipment, gymnastic, or wall-climbing equipment, or ball-pits  True  False
17. No martial arts or organized contact sports  True  False
18. Facility has more than one means of egress  True  False
19. 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
20. No single child is on the premises for more than 12 hours at a time  True  False

**Answer if this is a RESIDENTIAL CENTER**  Not Applicable  
 1. Infants are placed in cribs and not on beds during naptime

**Answer if you are a COMMERCIAL CENTER**  Not Applicable

- 1. Kitchen facilities and heating appliances are physically separated from the children  True  False
- 2. 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 surface material (i.e. rubber tiles, mats or poured in place material) under all permanently installed climbing, rocking, rotating, bouncing or moving equipment.  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 staff under age 18  True  False
- 4. All staff under the age of 21 and all volunteers are supervised by an employee over the age of 21  True  False
- 5. 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, employee's, other individual's vehicles (including parents) 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

**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:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

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

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The unauthorized use of this application in any form is strictly prohibited.