General Information - Applies to All Locations

1. Proposed effective date: _________________________ Liability occurrence limits: ☐ $500,000 ☐ $1,000,000
   Sexual Abuse limits: ☐ $50,000/$100,000 ☐ $100,000/$200,000 ☐ $100,000/$300,000 ☐ $250,000/$500,000
   ☐ $500,000/$1,000,000 ☐ $1,000,000/$1,000,000 [If an umbrella is requested, sexual abuse limits must be
   $1,000,000/$2,000,000 – check here [ ]]

2. Named Insured (as to appear on policy): _____________________________________________________________
   Name: ____________________________________________ City: __________________ State: ________ Zip: ________
   Phone: ___________________________________________ Fax: ___________________________________________
   Email Address: _____________________________________ Website Address: _________________________________

4. a. Business type: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _________________________________
   b. ☐ Profit ☐ Nonprofit
   c. ☐ Commercial Child Care no camp ☐ Commercial Child Care with camp ☐ Montessori ☐ Nursery School
      ☐ Head Start ☐ Sick Child Facility (Percent of enrollment devoted to sick child care: _________%)
      ☐ In-Home care
      ☐ Private school (Please complete a Private School application)
      ☐ Other: ________________________________________________________________________________________
   d. Federal Employer ID No. ________________________________
   e. Are you a member of: ☐ NAEYC? ☐ NCCA? ☐ NACCP? ☐ Other: ________________________________________________________________________________________
   f. Is the facility accredited by any of the following? ☐ NCCA ☐ NAFCC ☐ NACCP ☐ NAEYC
      ☐ Other_____________________(Attach certificate)

6. Number of years applicant has been in this business: ____________

7. Person to contact for loss control survey: ___________________________________________________________ Phone #: (_____)__________

8. Check all that apply and add any others. Attach all brochures and promotional materials. Note that coverage will only apply to
   disclosed premises and operations. Do you perform the following services: ☐ Drop-off care facility ☐ Overnight care (see
   supplement) ☐ Sick Child Care (see supplement) ☐ Special needs care (see question #35) ☐ After school care (Percent
   of enrollment devoted to after school care: _________%) ☐ Temporary care at a shopping mall, convention hall, health club facility
   or other venue ☐ Special instruction (dance, gymnastics, music, etc.) – indicate type(s): _______________________________
   ☐ Other operations: ______________________________________________________________________________________

9. Do you carry Accident-Medical coverage? ☐ Yes ☐ No If yes, who is the insurance carrier for Accident
   Medical coverage? ______________________________________________________________________________________

Hiring Practices and Abuse/Molestation Coverage Information - APPLIES TO ALL LOCATIONS

10. Are employees (paid & volunteer) required to complete an employment application? ☐ Yes ☐ No If no,
    explain: _____________________________________________________________________________________________

11. a. Are criminal investigations conducted on all employees (paid & volunteer) before hiring? (This includes any parents
    who will be regular volunteers in the facility) ☐ Yes ☐ No
    b. Which of the following do you use to do background checks on your employees & volunteers? ☐ County criminal record search
       ☐ State criminal record search ☐ National criminal index search ☐ State prison search ☐ Federal prison search
       ☐ Sex offender search ☐ Criminal index search ☐ Nationwide U.S. Wants & Warrants search
       ☐ Teacher license ☐ Education verification ☐ FBI

12. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been
    convicted of any crime, including sex-related or child-abuse related offenses? ☐ Yes ☐ No

13. At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports
    someone molested him/her? ☐ Yes ☐ No
    Do you require mandatory training for all employees each year about these subjects? ☐ Yes ☐ No
14. Do you verify employment references? □ Yes □ No Do you conduct a personal interview? □ Yes □ No
15. 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 resulting claims, the outcome and damages paid.
16. Do you have a written policy addressing abuse and individual contact that may occur between children and volunteers or staff? □ Yes □ No
17. Do you have guidelines that prohibit the use of corporal punishment? □ Yes □ No
18. Do your rules and guidelines include listing all staff responsibilities for all activities including on and off-premises activities? □ Yes □ No

Facility - LOCATION 1 (Complete an additional location supplement for each other location)

19. Do you operate more than one location? □ Yes □ No If yes, explain if it’s not submitted to us to insure: __________________________

20. How long has applicant operated at this location? __________________________

21. Location address, if different than mailing address: __________________________

22. Is the facility licensed by the State? □ Yes (attach copy) □ No If no, explain in Remarks Section.

23. Has the license ever been revoked? □ Yes □ No If yes, explain: __________________________

24. Hours of operation: From ________ to ________ Number of days per week: ________ Number of months per year ________

25. Child care facility located at: □ Private home □ Church □ Apartment □ YMCA □ Commercial Bldg.
□ Other: __________________________

26. List other occupancies in the same building: __________________________

27. List adjacent businesses: __________________________

28. Additional Insured required? □ Yes □ No
Name __________________________
Address __________________________ Relationship: __________________________

Personnel - LOCATION 1 (Complete an additional location supplement for each other location)

29. Name of Executive Director/Manager: __________________________ Specialized training or education: __________________________

30. Number of years in child care: ________ Number of teachers without degrees: ________

31. Number of Aides: ________ Number of Volunteers: ________ Number of Nurses: ________ Number of EMTs: ________

32. Number of Kitchen Staff: ________ Number of Janitorial Staff: ________ Other (describe position and number of employees): __________________________

33. Total number of employees: ________ Any employees under 18 years of age? □ Yes □ No If yes, how many? ________
List position and how they are supervised: __________________________

34. Is there always someone trained in CPR and first aid on the premises? □ Yes □ No

Enrollment - LOCATION 1 (Complete an additional location supplement for each other location)

35. Licensed Capacity: ________ Current Enrollment: ________ Average Number of Children per day: ________

36. 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)?

<table>
<thead>
<tr>
<th>Age Group</th>
<th># Staff</th>
<th># Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants, ages 0-1</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Toddlers, ages 1-2</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Toddlers, ages 2-3</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Preschoolers, ages 3-5</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>School age children</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Total</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>
37. Are “special needs” children cared for? □ Yes □ No
   a. If yes, how many? ______________________
   b. Is someone on your staff trained to care for these children? □ Yes □ No
   c. Is physical therapy provided? □ Yes □ No If yes, is it provided by a contracted professional who provides you with a certificate of insurance? □ Yes □ No
   d. Is an aide assigned to accompany the child? □ Yes □ No
   e. Describe the disabilities and special arrangements made to care for these children: ______________________________________________________

Play Facilities - LOCATION 1 (Complete an additional location supplement for each other location)

38. Does the facility have its own play area? □ Yes □ No If no, give name of play facility used: ________________________________

39. Is play area fenced? □ Yes □ No List all playground equipment: ________________________________


41. Was equipment installed by, or has it been inspected by, someone certified in playground safety? □ Yes □ No

42. How often are regular maintenance and routine inspections performed on the equipment? At least: □ Weekly □ Monthly □ Only as needed □ Other (Specify): ________________________________

43. Does the center have playground equipment with a primary platform higher than 6 feet? □ Yes □ No Is there any play apparatus higher than 8 feet? □ Yes □ No If yes, describe: __________________________________________________________

Operations- LOCATION 1 (Complete an additional location supplement for each other location)

44. To prevent children from accessing cooking areas, stoves, microwave ovens, etc., please indicate which of the following precautions are taken: □ Separate kitchen with closed door □ Gate covering entrance to kitchen area □ Other ________________________________

45. To prevent children from being released to unauthorized persons, please indicate which of the following precautions are taken: □ Sign-out sheet □ Staff member must see the person before child is released □ Staff member calls parent when unfamiliar person comes to pick up child □ Staff member checks ID against child’s “approved” pickup list before releasing child □ Other: __________________________________________________________

46. Please indicate which of the following procedures are used when dispensing medications to children: □ Written parental permission is required □ Written instructions for use is provided by the parent □ Medication is kept in its original container/package □ Written records are kept of all medications dispensed □ Other: __________________________________________________________

47. Are there any pets at this location? □ Yes □ No If yes, describe the pet, including size: __________________________________________________________

48. Are special classes provided (like music, dance, gymnastics, etc.)? □ Yes □ No If yes, explain in remarks section. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage? □ Yes □ No

49. Do you warm baby bottles in an area not accessible to children? □ Yes □ No

50. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media in the event of an abuse allegation or incident or other type of crisis? □ Yes □ No

51. Does the facility have an emergency evacuation plan posted and is it practiced? □ Yes □ No

52. Does the facility have video cameras installed to monitor all daily activities? □ Yes □ No
53. Number of field trips conducted each year: __________
   a. Is an attempt made to obtain release forms from both parents/guardians for each trip whenever possible? □ Yes □ No
   b. Are any trips overnight? □ Yes □ No
   c. Are staff to child ratios maintained or increased for trips? □ Yes □ No
   d. Are all children required to wear an identification badge? □ Yes □ No
   e. Describe types of field trips: ____________________________________________________________________________

54. Do you sponsor any special events or fund-raising activities? □ Yes □ No  If yes:
   a. For each event, list the following in the Remarks section: Type of event, number of participants, planned activities, expected
      revenue, length of time, whether or not liquor is served and if you obtain Certificates of Insurance from all vendors.
   b. Do you rent facility to others? □ Yes □ No  If so, to whom and for what purpose? __________________________
   c. Do you obtain Certificates of Insurance from them? □ Yes □ No

Transportation - LOCATION 1 (Complete an additional location supplement for each other location)

55. Does the facility provide transportation to and from the center? □ Yes □ No
56. Does the facility provide transportation for field trips? □ Yes □ No  If yes, on average, how far from the facility are the field
    trips? __________
    If no, indicate how transportation is provided: □ Vans are rented with drivers □ Vans are rented without drivers
    □ Buses are rented with drivers □ Buses are rented without drivers □ Parents, staff and volunteers drive their own cars
    □ Other: _______________________________________________________________________________________________
57. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside? □ Yes □ No
58. Are all drivers at least 21 years of age? □ Yes □ No  Do you obtain MVRs on all drivers? □ Yes □ No
59. Do all drivers of applicable vehicles have a CDL license in accordance with state regulations? □ Yes □ No
60. Do employees/volunteers transport children in their own vehicles? □ Yes □ No  If yes, how often: __________
61. Total number of owned vehicles:__________ Total number of hired vehicles:__________ Annual cost of hire:$ __________
62. Are Certificates of Insurance required:
   a. From drivers of personal vehicles showing auto liability limits of at least $300,000? □ Yes □ No
   b. From drivers of hired vehicles showing liability limits equal to or greater than the insured’s limits? □ Yes □ No

Accident Medical Coverage (Complete if requested) – APPLIES TO ALL LOCATIONS

63. Numbers of students by age: Under 7 years old _______________ Over 7 years old _______________
64. Plan Desired:
    □ Plan A $12,500 Accident Medical Expense, $10,000 Accidental Death & Dismemberment, $0 Deductible
    □ Plan B $20,000 Accident Medical Expense, $10,000 Accidental Death & Dismemberment, $0 Deductible

Prior Coverage – APPLIES TO ALL LOCATIONS

65. Has any prior coverage been cancelled or non-renewed? □ Yes □ No  If yes, explain: __________________________
66. Prior Policy Information
    | Policy Type        | Company | Effective Date | Limit | Total Premium |
    |--------------------|---------|----------------|-------|---------------|
    | Accident Medical   |         |                |       |               |
    | General Liability  |         |                |       |               |
    | Property           |         |                |       |               |
    | Auto               |         |                |       |               |
    | Other              |         |                |       |               |
Loss History – APPLIES TO ALL LOCATIONS

Enter all claims or occurrences that may give rise to claims for the prior 5 years; or check here if None: ☐ or ☐ See attached Loss Summary

<table>
<thead>
<tr>
<th>Date of Occurrence</th>
<th>Line of Insurance</th>
<th>Type/Description of occurrence or claim</th>
<th>Date of Claim</th>
<th>Amount Paid</th>
<th>Amount Reserved</th>
<th>Claim Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>O</td>
<td></td>
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<td>C</td>
</tr>
</tbody>
</table>

Circle for Claim Status: O = Open, C = Closed

Additional Coverages

Please indicate which of the following important additional coverage enhancements we may quote for you:

☐ Umbrella Liability
☐ Key Employee Replacement Coverage
☐ Food Contamination & Communicable Disease Coverage
☐ Child Abduction Coverage
☐ Directors’ & Officers’ Liability (Non-profit entities only)

Remarks (IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER)

__________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________

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.

FRAUD WARNING: 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 and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant’s Signature __________________________ Date __________

Insurance Agent’s Information:

Producer’s Name: ________________________________________________
Agency Name: ___________________________________________________ License# _______________________________
Email Address: ___________________________________________________
Agency Address: __________________________________________________
City: ___________________________________________________________ State: ____________ Zip: _____________
Phone Number: _________________________________________________ Fax Number: ____________________________