

Custom Commercial/Residential Child Care Centers

Coverage to be Quoted Bound

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Sections GL Property Umbrella

Name of Applicant: _____ Mailing Address _____
 DBA: _____ City/State/Zip: _____
 Insured Contact: _____ Location Address: _____
 Phone: _____ City/State/Zip: _____
 Years in Business: _____ Effective Date: _____
 Form of Business: Individual Partnership Corporation NonProfit Organization
 Where is the business located? Commercial building Private residence
 Any losses in the past 5 years. None or Details _____
 Hours of operation _____ Number of days open per week _____

Commercial General Liability

- Limits of Liability Requested:
 General Liability: 100/100 100/300 300/300 300/600 500/500 500/1Mil 1Mil/1Mil 1Mil/2Mil 1Mil/3Mil
 Molestation & Abuse 25/50 100/100 100/300 300/300 300/600 500/500 500/1Mil 1Mil/1Mil
 Nonowned Auto Liability Hired/Nonowned Auto Liability (Not available if they have an owned auto or regularly transport children)
- Morning Enrollment _____ (If over 150, submit to Home Office) Afternoon Enrollment _____
- Complete the child/staff ratio's below including your own children you are providing care.



- Are the above student/staff ratios within state requirements. Yes No
- Are you: Licensed Registered Certified Exempt Other _____
- License Capacity _____
- Are you receiving State/Public funds? Yes No If yes, for what? _____
- Defense Cost Coverage Yes No
- For building owners only:
 Number of Apartments units _____
 Square foot rented to others (other than apartments) _____ sq. ft. Occupancy _____
- Number of wading pools _____ Number of swimming pools _____
 a. If there is a swimming pool do all the following apply. No diving board, No sliding board, 4ft or higher fence with self locking gate and a red cross or similarly qualified lifeguard is required at all times during swimming activities. Yes No
- Any handicapped, retarded or special need children cared for? Yes No
 a. If Yes, Age of each _____
 b. Describe affliction/needs _____
 c. List medication taken _____
 d. Medications given by center _____
 e. Describe and procedures, if any, to ensure the safety of all children _____
 f. Describe training or experience _____
- Do any of the following exposures exist? (If Submit, send details to your Home Office underwriter)

	Eligible	Submit	Prohibited
Are kitchen facilities / heating appliances located in area physically separated from children?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Any Animals/Pets other than dogs or cats?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is this a 24 hr. operations or overnight care?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Is the outside play area fenced?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Any trampolines or gymnastic equipment?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Any employed or contracted physicians or nurses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is applicant licensed if required by the state?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are there two or more means of egress form the building?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Has there been a suspension or revocation of certificate or license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Any alleged or actual incidents regarding child molestation or abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are background checks done on all potential employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Submit details _____			

13. Does the applicant have a dog or cat? Yes No
 (List dog Breed _____)
 14. Does the facility allow children to be dropped off that are not enrolled in the program? Yes No
 15. Any off-premises trips taken? Yes No
 If yes, 1-12 per year 13-25 per year 26-52 per year Over 52 provide details _____
 16. Are any trips taken to swimming pools? Yes No If yes, Number _____
 17. Are permission slips signed by parent/guardian for all trip off premises? Yes No
 18. Is an Accident and Health policy for the children in force? Yes No
 If Yes, Advise limits \$2000 \$3,000 \$5000 \$10,000 Other _____
 19. List any additional insureds and their interest: _____
 20. Are there any extra curriculum classes: None Gymnastics Dance Karate Swimming Team Sport
 Other _____

Hired / Non-owned Liability Coverage - Eligible Questions:

- | | | |
|---|--|--|
| | Eligible
(for Hired/Non-owned) | Prohibited
(for Hired/Non-owned) |
| 1. Does applicant currently have a Commercial Auto Policy? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Does applicant transport children themselves or via contract service | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Are employees permitted to use their own vehicles to transport children? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

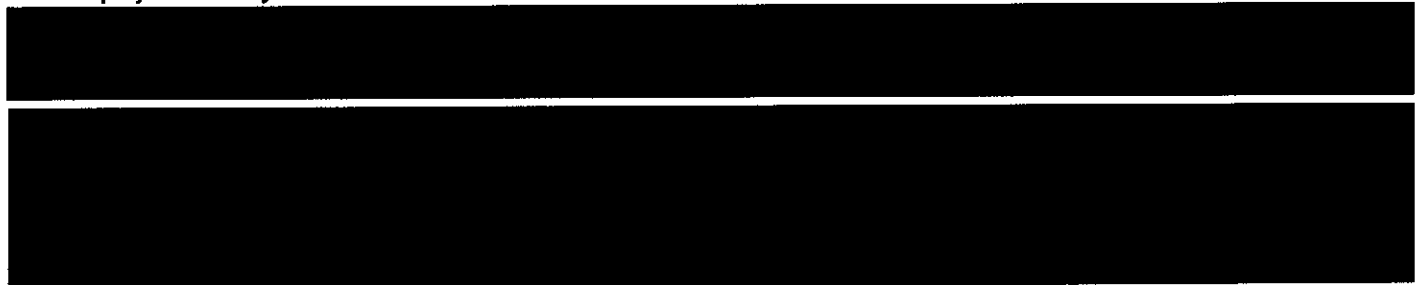
Commercial Property:

1. Is property prohibited in our Coastal Guidelines? (If Yes, decline property) Yes No
 Cause of loss Basic Special Special excluding theft
 Property deductible 500 1,000 2,500 5,000 Other _____
2. Building Construction _____ Protection Class _____ Area _____ Sq. Ft.
 Building Age _____ Year of update to: roof _____ Heating _____ Plumbing _____ Electric _____
3. Is all electric connected to Circuit Breakers? Yes No Any aluminum wiring? Yes No
4. Coverage Desired: **Limit** **Building & Business Personal Property**
 Building (No residential bldgs.) _____ RC ACV **Coinsurance** 80 90 100
 Bus. Personal Property _____ RC ACV
 Business Income _____ 50 60 70 80 90 100 125 or 1/3 1/4 1/6
 Submit if Total Limits over \$500,000 PC 1-6 or \$200,000 PC 7-10.
5. Optional Coverages (Where available)
 Property enhancement endorsement Yes No
 Glass Coverage _____ linear feet
 Employee Dishonesty 5,000 10,000 25,000 50,000 100,000
 Money & Securities 1,000 2,000 5,000
6. List any loss payees or mortgagees to be added. _____

Commercial Umbrella - Home Office Submit

- Desired Limits: _____ *
- | | |
|---|----------------------------------|
| 1. Auto Liability Carrier _____ | Employer Liability Carrier _____ |
| Policy Limits** _____ | Policy Limits*** _____ |
| Policy Eff. Date _____ | Policy Eff. Date _____ |
| Policy Premium (Liability only) \$ _____ | |
| Vehicle Schedule: (Number & type) _____ | |
2. Have there been any losses greater than \$10,000 in the past 5 years ? Yes No If yes, give details: _____

***Molestation is excluded in the Umbrella**
****Auto Liability- limit must be at least \$1,000,000**
*****Employers Liability limit must be at least \$500/\$500/\$500**



Signature _____ (Owner or Officer)
 Title _____ Date _____