



United States Liability Insurance Group

Custom Commercial/Residential Child Care Centers

Coverage to be Quoted Bound

APPLICATION

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

1. Name of Applicant: _____ Mailing Address _____
2. DBA: _____ City/State/Zip: _____
3. Insured Contact: _____ Location Address: _____
4. Phone: _____ City/State/Zip: _____
5. Years in Business: _____
6. Form of Business: Individual Partnership Corporation NonProfit Organization
7. Where is the business located? Commercial building Private residence Other _____
8. Any losses in the past 5 years. None or Details _____
9. Hours of operation _____ Number of days open per week _____
10. If you have a website, include your website address: _____ E-mail Address: _____
11. Prior Carrier: _____ Expiration Date: _____

Commercial General Liability

12. Limits of Liability Requested:
 - a. General Liability: 100/100 100/300 300/300 300/600 500/500 500/1Mil 1Mil/1Mil 1Mil/2Mil 1Mil/3Mil
 - b. Molestation & Abuse 25/50 100/100 100/300 300/300 300/600 500/500 500/1Mil 1Mil/1Mil
14. Please enter Morning Enrollment _____ Afternoon Enrollment (If over 150, submit to Home Office) _____
15. Complete the child/staff ratio's below including your own children you are providing care.

Number children up to 1 yr. old _____	# staff _____	Number children 6-12 yrs. old _____	# staff _____
Number children 2-3 yrs. old _____	# staff _____	Number children over 13 yrs. old _____	# staff _____
Number children 4-5 yrs. old _____	# staff _____		

16. Are the above student/staff ratios within state requirements. Yes No
17. Are you: Licensed Registered Certified Exempt Other _____
18. License Capacity _____
19. Are you receiving State/Public funds? Yes No If yes, for what? _____
20. Certain Civil/Criminal defense reimbursement (for owner/operators) Yes No
21. For building owners only:
 - Number of Apartments units _____
 - Square foot rented to others (other than apartments) _____ sq. ft. Occupancy _____
22. Number of wading pools _____ Number of swimming pools _____ Number of spas/Jacuzzi _____
 - 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
 - b. Life saving equipment is accessible within pool area and Pool rules posted. Yes No
23. Do you care for physically or mentally challenged children or children with special needs? 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 _____
 - g. Describe specific care provided for each child _____

24. Do any of the following exposures exist? (If Submit, send details to your Home Office underwriter)

	Eligible	Submit	Prohibited
a. Are kitchen facilities / heating appliances located in area physically separated from children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Any Animals/Pets other than dogs or cats?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
c. Is this a 24 hr. operations or overnight care? If yes, Complete Nighttime Supplement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
d. Is the outside play area fenced?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
e. Any trampolines, gymnastic equipment, moonwalk/bounce equipment, wall climbing, ball pits, or karate?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
f. Any employed or contracted physicians or nurses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
g. Is applicant licensed if required by the state?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
h. Are there two or more means of egress form the building?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
i. Has there been a suspension or revocation of certificate or license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
j. Any alleged or actual incidents regarding child molestation or abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

- k. Are background checks done on all potential employees? **Eligible**
 Yes No
- l. Any other business operated by applicant other than Child Care? **Submit**
 No Yes
25. Does the applicant have a dog or cat? Yes No
(List dog Breed) _____
26. Does the facility provide drop in care? If yes, Complete supplement Yes No
27. 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 of trip _____
28. Are any trips taken to swimming pools? Yes No If yes, Number _____
29. Are permission slips signed by parent/guardian for all trip off premises? Yes No
30. Is an Accident and Health policy for the children in force? Yes No
If Yes, Advise limits \$2000 \$3,000 \$5000 \$10,000 Other _____
31. List any additional insureds and their interest: _____
32. 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) |
|--|---|---|
| 33. Does applicant currently have a Commercial Auto Policy? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 34. Does applicant transport children themselves or via contract service | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 35. Are employees permitted to use their own vehicles to transport children? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 36. Coverage desired: <input type="checkbox"/> Nonowned Auto Liability <input type="checkbox"/> Hired/Nonowned Auto Liability (Limits will equal GL limit) | | |

Optional Coverage:

37. a. Enter Employers' Liability Coverage limit (up to GL limit)\$ _____ (OH, ND, WA, WY residents only)
b. Estimated annual payroll at this location\$ _____
38. Enter Employee Benefits Liability Limit desired: Each Claim/Aggregate. Enter total number of employees at this location _____
 \$25,000/\$50,000 \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1M \$1M/2M

Commercial Property:

39. Cause of loss Basic Special Special excluding theft
40. Property deductible 500 1,000 2,500 5,000 Other _____
41. Building Construction _____ Protection Class _____ Area _____ Sq. Ft.
42. a. Building Age _____ Roof Age _____ Flat Pitched
b. Year of update to: Heating _____ Electric _____ Plumbing _____ PVC Copper Other
43. Is all electric connected to Circuit Breakers? Yes No Any aluminum wiring? Yes No
- | | Limit | | | | Building & Business Personal Property | | | | |
|---|-----------------------------|------------------------------|--------------------|----|--|-----|-----|-----|-------------|
| a. Building (No residential bldgs.) _____ | <input type="checkbox"/> RC | <input type="checkbox"/> ACV | Coinsurance | | | 80 | 90 | 100 | |
| b. Bus. Personal Property _____ | <input type="checkbox"/> RC | <input type="checkbox"/> ACV | | | | | | | |
| c. Business Income _____ | 50 | 60 | 70 | 80 | 90 | 100 | 125 | or | 1/3 1/4 1/6 |
- (Submit if Total Limits over \$500,000 PC 1-8 or \$200,000 PC 9-10.)
- d. Scheduled Property Limits - Fence _____ Garage/Storage _____ Pool _____ Playground Equipment _____
45. Value Plus Endorsement - Yes No
(16 property coverage enhancements, includes Glass, Money & Securities, Employee Dishonesty, Electronic Data Processing Coverage, and More.)
46. Employee Dishonesty 5,000 10,000 25,000 50,000 100,000
47. Money & Securities 1,000 2,000 5,000
48. Are there working smoke detectors on the premises? Yes No
49. List any loss payees or mortgagees to be added. _____

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 violations.

If the applicant is located in the State of New York, the State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.
Name of Authorized Agent or Broker. _____
Address. _____
Mail Completed Application Through Local Agent or Broker to: _____

Signature _____
(Owner or Officer)

Title _____ Date _____