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 3375 Koapaka Street, Suite D136
 Honolulu, HI 96819
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Application For Daycare Centers & Nurseries

1. Name of Applicant: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Applicant's Web Site address: _____

2. Individual Corporation Partnership Other (Explain): _____

3. Date established: _____

4. Address of location to be insured (If same as above, write "same.")
 Street address: _____
 City: _____ State: _____ Zip: _____

5. Has applicant had previous insurance for this enterprise? (If Yes, please provide the following information.) Yes No

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

Effective Dates Desired. From: _____ To: _____

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? Yes No
 (If Yes, please provide full details on Attachment to A51.)

7. Provide details of licensing, certification or registration needed for this operation: _____

8. Is applicant currently operating under a license "warning"? (If Yes, please provide full details on Attachment to A51.)
 Has applicant's license ever been suspended or revoked? (If Yes, please provide full details on Attachment to A51.)
 Does applicant have any outstanding violations cited in an inspection that have not been corrected? Yes No
 (If Yes, please provide full details on Attachment to A51.)

9. Provide the number of the following personnel. (Other and Explain)

_____ Partners, Owners, Officers	_____ Full Time Staff	_____
_____ Independent Contractors	_____ Part Time Staff	_____

10. During the past three (3) years, have any claims been presented to your current or prior insurance carrier? Yes No
 (If Yes, please provide full details on Attachment to A51; Include description of claim, amounts paid and reserves.)

11. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? Yes No
 (If Yes, please provide full details on Attachment to A51.)

12. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in the past three (3) years? Yes No
 (If Yes, please provide full details on Attachment to A51.)

13. Number of children facility is licensed for? _____ Average daily attendance? _____

14. Hours of operation? From: _____ To: _____

15. Annual gross sales? _____

16. This operation is located in one of the following: (Please check one.)
 Private Home Church School Location built specifically for a daycare center or nursery.
 Other Give full explanation: _____

17. Please describe:
- (A) Construction of building: _____
- (B) Number of stories: _____
- (C) Type of fire protection system: _____
- (D) The emergency evacuation plan: _____
- (E) Total square footage of building: _____
- (F) Functioning and operational fire extinguishers on premises? Yes No
- (G) Functioning and operational smoke and/or heat detectors on premises? Yes No

18. Does applicant meet state staffing requirements? Yes No
 Give number of children in each age group and teachers/attendants for each group.

Age Group	Number of Children			No. of Teachers	Ratio of teachers to children must meet state staffing requirements.
	Full Day	A.M.	P.M.		
1 Thru 12 Months	_____	_____	_____	_____	
1 Thru 3 Years	_____	_____	_____	_____	
4 Thru 5 Years	_____	_____	_____	_____	
6 Thru 10 Years	_____	_____	_____	_____	

19. Does applicant require a physical examination or medical certificate before a child is accepted? Yes No
20. Does applicant accept physically or mentally challenged children? Yes No
 If Yes, state the number and degree of handicap: # _____ Degree _____

21. Play equipment on premises:
- Swings Jungle Gym Slide Sandbox Trampoline Inflatable bounce equipment
- Other (List): _____
- Is all play equipment securely anchored? Yes No
- Is there impact absorbing material under and around play equipment? Yes No

22. Pool Wading Above ground In-ground Pool Size: _____ x _____ Ft.
 Depth From: _____ Ft. to _____ Ft.
- Is pool fenced? Yes No Height of fence _____ Ft. Is pool locked when not in use? Yes No
- Are daycare children allowed to use the pool? Yes No
- If so, what is the ratio of adults to children when they are in the pool? _____
- What is the age of the pool? _____ Number of pool drains per pool? _____
- Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No
- Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
(If No, please provide full details on Attachment to A51.)
- Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No
- Pool has an automatic shut-off system, gravity drainage system, safety vacuum release system, suction limiting vent system or disabled drain? Yes No
- Are dual or multiple drains at least three (3) feet apart? Yes No
- # of diving boards _____ Height of boards _____ # of slides _____ Height of slides _____

23. Are there any animals on the premises? Yes No
(If Yes, please provide full details on Attachment to A51; If there are dogs, list breeds.)
24. Is yard fully fenced? Yes No
25. Are there any special classes taught? (Swimming, gymnastics, for example.) Yes No
(If Yes, please provide full details on Attachment to A51.)
26. Are there any overnight stays? *(If Yes, please provide full details on Attachment to A51.)* Yes No

27. Provide full details of field trips including amount of supervision: _____

Are consent forms obtained from all parents before a field trip? Yes No

28. Will applicant accept a child who is sick? Yes No
(If Yes, please provide full details on how the situation is handled on Attachment to A51.)
29. Are any medications administered? Yes No
 If Yes, does applicant require a signed consent form from parent or guardian? Yes No
30. Does applicant have a before/after school program? Yes No
 If Yes, who is responsible for seeing the child gets to and from school? _____

31. Does applicant require written notification if someone other than the parent or guardian will be picking up the child? Yes No

32. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc. *(If additional space is needed, complete on attachment to A51.)*
- _____
- _____

Attach a list of all employees along with their experience and qualifications.

- Does applicant use any volunteers? Yes No
(If Yes, please provide full details on Attachment to A51.)

33. Limits of Insurance Requested:

- | | | |
|--|----------|----------------------|
| General Aggregate Limit (Other Than Products – Completed Operations) | \$ _____ | |
| Products – Completed Operations Aggregate Limit | \$ _____ | |
| Personal and Advertising Injury Limit | \$ _____ | |
| Each Occurrence Limit | \$ _____ | |
| Damage to Premises Rented by You (Up To \$100,000 Limit Available) | \$ _____ | Any One (1) Premises |
| Medical Expense Limit (Up To \$5,000 Limit Available) | \$ _____ | Any One (1) Person |
| Each Professional Incident Limit (If Applicable) | \$ _____ | |

34. Has applicant or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime? Yes No
(If Yes, please provide full details on Attachment to A51.)

FOR SEXUAL MOLESTATION COVERAGE, PLEASE COMPLETE QUESTIONS 35. THROUGH 37.

\$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here Coverage is NOT requested.

35. Has applicant's facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No
(If Yes, please provide full details on Attachment to A51.)
36. Has any facility that applicant has been associated with in the past ever had any incidents occur or claims brought against it while you were there? Yes No
(If Yes, please provide full details on Attachment to A51.)
37. Does applicant's facility do background checks on all employees and volunteers? Yes No
 Describe type of checks performed (prior employer, police, etc.) _____

38. Are there written guidelines in place regarding sexual misconduct? Yes No
(If No, please provide full details on Attachment to A51.)

39. Please check the limits you are requesting: \$25,000/50,000 – Included
 \$50,000/100,000 \$100,000/300,000 300,000/600,000 \$500,000/1MM \$\$1MM/2MM

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____

