



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 or complete Section V.

City: _____ State: _____ Zip: _____

Web Address: _____

Description of Operations:

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

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

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: _____

Property Section

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible _____
 Modified Fire-Resistive Fire-Resistive Other _____

Plumbing Type: PVC Copper Lead Galvanized Other _____

Protection Class: _____

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

Requested Cause of Loss: Basic Special

Requested Valuation: Replacement Cost Actual Cash Value

Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000

Business Personal Property Limit \$ _____ Coinsurance: 80% 90% 100%

Business Income & Extra Expense Limit \$ _____

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

Playground Equipment Limit \$ _____

Building Owner:

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

Building Limit \$ _____

What year was the Building constructed? _____

What is the square footage of the entire structure? _____ sq. ft.

If you are a residential center, you have a minimum staff to child ratio of 1:6 N/A True False

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Your license, registration or certification has never been revoked or suspended True False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

No trips to lakes, beaches, water parks, other residential pools, skating rinks, skiing or amusement parks and no overnight trips are taken True False

No children require invasive medical procedures or care True False

Additional Insureds/Mortgagees/Loss Payees

Name	Relationship/Interest	Address	City, State, Zip

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Property Coverages		<input type="checkbox"/> None, or provide detail below.	
Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability Coverages		<input type="checkbox"/> None, or provide detail below.	
Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

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 or owner of the applicant individually in the past five years. True False
2. If any building built prior to 1978, 100% of the electric wiring is on functioning and operational circuit breakers True False
3. Functioning and operational fire extinguishers are readily available True False
4. Functioning and operational smoke and/or heat detectors are in all units and/or occupancies True False
5. If any building built prior to 1978, no building with knob-and-tube or aluminum wiring True False
6. The applicant has not, is not and will not act as a franchisor (Grantor of a Franchise) True False
7. All children accepted are under the age of 15 True False
8. An application is obtained including complete medical, emergency and contact information, and signed by a parent or legal guardian for all children prior to their first stay True False
9. Any violations cited in an inspection (state or insurance company) have been corrected within the deadline for compliance True False
10. Applicant does not travel to destinations to provide child care services True False
11. Applicant is licensed and/or registered with the state (where required) True False
12. Children are never left exclusively with caregivers under the age of 18 or with volunteers that have not had a background check performed by the center True False
13. Children are not left unsupervised at any time (including nap time) True False
14. Center has more than one means of egress True False
15. Kitchen facilities and heating appliances are physically separated from the children True False
16. No adult day care operations and no exposure to child and adult care at the same location True False
17. No exposure to trampoline, moonwalk or bounce equipment, gymnastic or wall-climbing equipment, or ball-pits True False
18. 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 material (i.e. rubber tiles, mats or poured in place material) under all permanently installed climbing, rocking, rotating, bouncing or moving equipment. (applicable to Commercial Centers only) N/A True False
19. No home-made play equipment True False
20. No martial arts or organized contact sports True False
21. 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
22. No nanny services, adoption services or referral operations True False
23. Number of children on the premises does not exceed the licensed capacity True False
24. Permission slips are obtained from parents/guardians for all field trips True False
25. Staff-to-child ratios meet the minimum state regulation at all times True False
26. No prior animal injury incidents without any changes or controls in place to prevent future occurrences. True False
27. No single child is on the premises for more than 12 hours at a time True False
28. Center is not a 100% Sick Care operation True False
29. You conduct 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. You continue to conduct periodic screening after

employment or volunteering begins

True False

Answer if this is a Residential Center Not Applicable

1. Infants are placed in cribs and not on beds during naptime

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 children over age 15

True False

4. No staff under age 18

True False

5. All staff under the age of 21 and all volunteers are supervised by an employee over the age of 21

True False

6. 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, employees', parent's vehicles 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

IV. ADDITIONAL RATING QUESTIONS

1. Do you have any animals on premises other than frogs, guinea pigs, gerbils, domestic rats, parakeets or canaries? No Yes -- If yes, describe: _____

2. Is this child care 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 the Education of Young Children
- NAFCC - National Association for Family Child Care
- NECPA - National Early Childhood Program Association
- Others _____

3. Do you take any field trips to public pools? No Yes

4. Is there a wading pool 24 inches or less on the premises? No Yes

of wading pools: _____

5. Is the center open more than 14 hours per day? No Yes - If Yes, select number hours of open:

- 15 to 18 hours per day
- Open 19 hours or more per day

6. 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

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: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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: _____

*This application is for the exclusive use of United States Liability Insurance Company and its authorized representatives.
The unauthorized use of this application in any form is strictly prohibited.*

SUPPLEMENTAL ACCIDENT INSURANCE QUESTIONNAIRE

Named Insured:

Address:

Activity Types(s):

Requested Effective Date:

PROHIBITED CIRCUMSTANCES

1. Is the applicant a school (other than eligible pre-schools)? Yes No
2. Are any participants considered professionals or compensated athletes? Yes No
3. Are all youth activities supervised by an adult member of the organization? Yes No

COVERAGE INFORMATION & RATING (See program information for available options)

Medical Expense Benefit:

Accidental Death & Dismemberment (Principle Sum):

Deductible Amount: Primary* or Excess Coverage:

*Primary coverage is only available for certain programs.

Activity Type	# of Participants or Teams
<input type="text"/>	<input type="text"/>

Rating Details:

- If multiple age groups are being rated for in a single activity type, the rate from the highest rated age group with at least 10% of the participants should be used for premium computation.
- Team discounts available for certain activity types, please see specific program information.
- Premium subject to certain minimums, see specific program information for minimum premiums.

IMPORTANT NOTICE

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.** (As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____

Producer Name & Address: