

## CHILDCARE APPLICATION

Agency Name \_\_\_\_\_ # \_\_\_\_\_  Quote Only  Issue Policy

Producer \_\_\_\_\_ Effective Date \_\_\_\_\_

Premium Payment Method:  Annual  Semiannual  Quarterly  Five Payment  
 Nine Payment (Premium must be over \$1,000)  Other \_\_\_\_\_

(Down payment should accompany application)

Additional Coverages\*:  Auto\*\*  Workers Comp.\*\*\*  Umbrella  EPLI(Stand Alone)  D&O  None

\*Note: A separate ACORD or NSI application must be completed for each of these coverages.

\*\*Note: Auto is not applicable in Michigan.

\*\*\*Note: Workers Compensation is not applicable in Michigan and Ohio.

### APPLICANT INFORMATION:

Applicant's Name \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant is a:  Individual  Partnership  Corporation  LLC  Other (specify) \_\_\_\_\_

### PREMISES INFORMATION

Location # Building # Street, City, County, State, ZIP


### GENERAL INFORMATION – Explain all “Yes” responses below.

- Has any policy or coverage been declined, cancelled or non-renewed in the past 3 years?  Yes  No
- Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring?  Yes  No
- Has there ever been an allegation of sexual abuse made against the applicant?  Yes  No

Explain all “Yes” responses: \_\_\_\_\_

### Prior Insurance Information

Prior Carrier	Eff./Exp. Date	Policy Number	Policy Premium

**Loss History**  Check here if there are no prior claims.

Date of Occurrence	Description of Claim	Amount Paid	Claim Status (Check One)
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed

## LIABILITY SECTION

### 1. ANSWER ALL OF THE FOLLOWING QUESTIONS:

#### A. GENERAL QUESTIONS: NOTE - Center MUST be licensed or certified to be considered for coverage. (Or 'Registered' for Iowa only)

- Is the center :  Licensed  Certified  Registered (Iowa Only)  None (Note: Attach a copy of state license with application)
- How many years in business? \_\_\_\_\_
- Yes  No In the past 12 months, have any complaints been filed with the Licensing Board against applicant's facility?  
If Yes, explain and provide documentation \_\_\_\_\_

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4.  Yes  No In the past three years, has any of the applicant's licenses been revoked, suspended, or placed under probation?  
If Yes, explain and provide documentation \_\_\_\_\_
5. How many children is the applicant licensed to care for? Loc #1 \_\_\_\_\_ Loc #2 \_\_\_\_\_ Loc #3 \_\_\_\_\_  
(Note: The GL exposure is based on the number of children shown on state license/certificate or registration.)
6. Is applicant licensed/certified for: Note - Grades 1- 12 & Home schools are not eligible  
 Infant care  24hour care  Sick child care  Before/After School care  K4/K5  Other \_\_\_\_\_
7. What are the center's hours of operation? \_\_\_\_\_ a.m to \_\_\_\_\_ p.m.
8.  Yes  No Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees? (If no, Abuse and Molestation coverage is not available)  
If yes, how often? \_\_\_\_\_
9.  Yes  No Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective volunteers? (If no, Abuse and Molestation coverage is not available)  
If yes, how often? \_\_\_\_\_
10.  Yes  No Does applicant have a Student Accident Insurance Policy in effect?

## B. EMPLOYEE OPERATIONS

If the applicant has any employees or volunteers, please complete all of the following questions. If the applicant is the only employee, please move on to Section C.

1. Indicate the number of employees: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
2. Indicate the number of volunteers: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
3.  Yes  No Has there ever been an allegation of sexual abuse made against the employee or volunteer?  
If yes, please explain: \_\_\_\_\_

## C. OTHER OCCUPANCIES

1. Is the center located in a:  private home  commercial bldg.  school  church  other (describe) \_\_\_\_\_
- a. If located in a private home, provide the name of the homeowner's insurance company: \_\_\_\_\_
- b. If located in a commercial building, please answer all of the following:
1.  Yes  No Are there any other occupants in this building?  
If yes, please list all other occupants: \_\_\_\_\_
2.  Yes  No Does the applicant own the building?
- a.  Yes  No Does the insured lease any space to other tenants?  
If yes, what is the square footage of the area leased out? \_\_\_\_\_  
If yes, copies of the Lease Agreements must be attached.
- b.  Yes  No Are any residential apartments located within this building?  
NOTE: If there are more than 2 apartments, you must contact the NSI Underwriter before submitting.  
If yes, how many apartments: \_\_\_\_\_ You must attach a copy of tenant's HO4 & Lease Agreement .

## D. TRANSPORTATION:

1.  Yes  No Does the applicant provide any transportation of registrants? If yes, please answer the following:
- a. Do you transport children in:  private vehicles  hired vehicles  public transportation  other \_\_\_\_\_
- b. What is the youngest age of any driver: \_\_\_\_\_
- c.  Yes  No Do you have a Commercial Auto policy? If yes, provide name of company: \_\_\_\_\_

## E. WATER ACTIVITIES:

1.  Yes  No Does the applicant provide any on or off premises water activities? If yes, answer the following questions:
- a. Describe any water activities on the premises:  
 pool  wading pool (2 ft. or less)  other (explain) \_\_\_\_\_
- b.  Yes  No If there is a pool or wading pool, is it fenced?
- c.  Yes  No Is there a diving board? If yes, please contact NSI Underwriting Department.
- d.  Yes  No Is there a slide? If yes, please contact NSI Underwriting Department.
- e.  Yes  No Is any employee certified as a lifeguard or in water safety?
- g.  Yes  No Are children allowed to participate in off-premises water activities?  
If yes, please describe: \_\_\_\_\_
- h.  Yes  No Is written permission obtained from parents for any water activities?  
If yes, please describe: \_\_\_\_\_

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**F. OTHER ACTIVITIES**

1.  Yes  No Is there a trampoline on the premises?
2.  Yes  No Is there any gymnastic equipment on the premises?  
If yes, please describe: \_\_\_\_\_
3.  Yes  No Are there any dogs on the premises?  
If yes, please list the breed and any previous biting history: \_\_\_\_\_
4.  Yes  No Are there any other pets or animals on the premises?  
If yes, please describe: \_\_\_\_\_
5.  Yes  No Are the children allowed contact with any animals?  
If yes, please describe: \_\_\_\_\_

**2. PER OCCURRENCE/AGGREGATE LIMITS**

- \$300,000/600,000     
  \$500,000/1,000,000     
  \$1,000,000/2,000,000     
  \$1,000,000/3,000,000  
 \$10,000 Medical Payment (Included)     
  \$200,000 Fire Legal (Included)

**3. ANY ADDITIONAL INSURED**

- Yes       No  
 Managers or Lessors \_\_\_\_\_       Managers or Lessors \_\_\_\_\_  
 Other \_\_\_\_\_       Other \_\_\_\_\_

**4. OPTIONAL LIABILITY COVERAGES**

Check "Yes" if you would like us to include the following coverages in our quote. Check "No" if you do not want to include the coverage.

<b>Abuse &amp; Molestation Coverage - Optional</b> Optional coverage is available for Physical Abuse or Sexual Molestation excluding the perpetrator. Multiple incidents to one person shall be deemed to be one occurrence and subject to coverage limits in effect at the time of the first incident. Coverage is limited within the General Liability Limits. Prior to providing coverage, Childcare operators must conduct personal background checks on all employees and volunteers (and all residents 18 years and older at in-home operations) or have signed affidavits as required by state statute. Background checks must be done regularly & maintained in file for all current & past employees including in-home residents (18 and older). (Note: Abuse and Molestation cannot be excluded in IL & MI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Dog &amp; Cat Liability Coverage (In-home centers only)</b> - This endorsement provides a \$50,000 Per Occurrence and \$50,000 General Aggregate Limit of liability for bodily injury or property damage arising out of the insured's ownership, or care, custody, or control of any dog and/or cat. It is only available for in-home operations. (Damages arising out of the insured's ownership, or care, custody, or control of any dog and/or cat are otherwise excluded from coverage).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Hired &amp; Non-owned Auto Liability</b> (Not available in Michigan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Water Activities - \$150,000/\$150,000 Limit</b> - This endorsement provides a \$150,000 per occurrence, \$150,000 general aggregate limit of coverage. <input type="checkbox"/> Pool <input type="checkbox"/> Wading Pool (2 feet or less)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Water Activities On &amp; Off Premises - Policy Limit</b> The limit of liability for water activities is the same as, and included within, the General Liability policy limit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Roll-on EPLI (\$100,000 Limit) Provide number of employees.</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Employee Benefit Liability Provide number of employees.</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PROPERTY COVERAGES/BUILDING INFORMATION:** Property coverage desired?     Yes     No

1. Location # \_\_\_\_\_ Building # \_\_\_\_\_
1. Construction:  
 Frame       Joisted Masonry       NonCombustible       Masonry NonCombustible       Fire Resistive
  2. Building Information:  
 Total Square Feet of Building \_\_\_\_\_ No. Stories \_\_\_\_\_ Prot. Class \_\_\_\_\_  
 Total Square Feet Leased Out \_\_\_\_\_ % Occupied \_\_\_\_\_ Age of Bldg. \_\_\_\_\_
  3. Building Improvements:  
 Wiring Year \_\_\_\_\_ Roofing Year \_\_\_\_\_ Plumbing Year \_\_\_\_\_ Heating Year \_\_\_\_\_
  4.  Yes  No Is building sprinklered?
  5. Feet to hydrant \_\_\_\_\_ Miles to Fire Station \_\_\_\_\_
- LIMITS/VALUATION:**       RC       RC      Improvements &       RC  
 Building: \$ \_\_\_\_\_  ACV      Contents: \$ \_\_\_\_\_  ACV      Betterments: \$ \_\_\_\_\_  ACV
- PROPERTY DEDUCTIBLE:**     \$250       \$500       \$1,000       \$2,500

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Location # \_\_\_\_\_ Building # \_\_\_\_\_

1. Construction:

Frame     Joisted Masonry     NonCombustible     Masonry NonCombustible     Fire Resistive

2. Building Information:

Total Square Feet of Building \_\_\_\_\_ No. Stories \_\_\_\_\_ Prot. Class \_\_\_\_\_

Total Square Feet Leased Out \_\_\_\_\_ % Occupied \_\_\_\_\_ Age of Bldg. \_\_\_\_\_

3. Building Improvements:

Wiring Year \_\_\_\_\_ Roofing Year \_\_\_\_\_ Plumbing Year \_\_\_\_\_ Heating Year \_\_\_\_\_

4.  Yes     No    Is building sprinklered?

5. Feet to hydrant \_\_\_\_\_ Miles to Fire Station \_\_\_\_\_

LIMITS/VALUATION:

Building \$ \_\_\_\_\_  RC     ACV    Contents: \$ \_\_\_\_\_  RC     ACV    Improvements & Betterments: \$ \_\_\_\_\_  RC     ACV

2. ANY OPTIONAL PROPERTY COVERAGES:     Yes     No

A.  Yes     No    Computer Coverage in excess of \$15,000?    Excess limit \$ \_\_\_\_\_

B.  Yes     No    Condominium Unit – Owners Coverage

C.  Yes     No    Earthquake – Building     Yes     No    Earthquake – Personal Property

D.  Yes     No    Legal Liability in Excess of \$200,000:    Building Limit \$ \_\_\_\_\_

E.  Yes     No    Outdoor Detached Signs in Excess of \$5,000.    Excess Limit \$ \_\_\_\_\_

F.  Yes     No    Utility Services Direct Damage Overhead Communication & Power Transmission Lines\*

G.  Yes     No    Utility Services Time Element Overhead Communication & Power Transmission Lines\*

\*NOTE: Utility Services Direct Damage & Time Element - Water, Communication & Power Supply Coverage *Excluding* Overhead Transmission Lines is automatically included. Only check the above boxes to *Include* Overhead Transmission Lines coverage.

H.  Yes     No    Money and Securities (Note: \$2000 inside/outside is automatically included in Plus Pak)

1.  Inside Premises in Excess of \$2,000.    Excess Limit \$ \_\_\_\_\_

2.  Outside Premises in Excess of \$2,000.    Excess Limit \$ \_\_\_\_\_

I.  Yes     No    Employee Dishonesty

1. Number of Employees \_\_\_\_\_

2. Limit:  \$5,000     \$10,000     \$25,000    (Contact Company for Higher Limits)

3. ANY ADDITIONAL INTERESTS:     Yes     No

Mortgagee \_\_\_\_\_     Mortgagee \_\_\_\_\_

Loss Payee \_\_\_\_\_     Loss Payee \_\_\_\_\_

## WORKER'S COMPENSATION (Not applicable in Michigan and Ohio)

IF A QUOTE FOR WORKER'S COMPENSATION COVERAGE IS BEING REQUESTED

PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION.

A THREE YEARS LOSS HISTORY MUST BE SUBMITTED FOR ALL WORKERS COMPENSATION QUOTES

1.  Yes     No    Is there a written *return to work program* in place, to encourage/assist employees in rejoining the workforce?

If yes, please attach a copy

## STOP GAP LIABILITY (Ohio only)

1. Is Stop Gap Liability requested?     Yes\*     No

\*If yes, please choose desired limits:     \$100,000/\$500,000/\$100,000     \$500,000/\$500,000/\$500,000

\$500,000/\$1,000,000/\$500,000     \$1,000,000/\$1,000,000/\$1,000,000

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

### NOTICE: PLEASE READ BEFORE SIGNING!

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing. You are advised that you may make a request within a reasonable time after receipt of this Notice for a disclosure by **West Bend Mutual Insurance Company** of the nature and scope of the investigation requested.

Any person who, with intent to defraud or knowing that he/she 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.

Date \_\_\_\_\_ Time \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Agency Name and Producer's Signature \_\_\_\_\_