



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	\$ _____	EMPLOYEE BENEFITS LIABILITY	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____	DEDUCTIBLE PER CLAIM:	\$ _____
PERSONAL & ADVERTISING INJURY	\$ _____	RETROACTIVE DATE:	_____
EACH OCCURRENCE	\$ _____	NUMBER OF EMPLOYEES:	_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$ _____		
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____		

6. Does applicant subcontract work?..... Yes No
 If so, state type: _____
 What is the cost (labor & materials) of subcontracted work? \$ _____
 Are Certificates of Insurance required from all subcontractors?..... Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE
RATING AND PREMIUM BASIS		(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)	(C) TOTAL COST – PER \$1,000 / COST	(U) UNIT – PER UNIT
(S) GROSS SALES – PER \$1,000 / SALES		(A) AREA – PER 1,000 / SQ FT	(M) ADMISSIONS – PER 1,000 / ADM	(T) OTHER

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				

COMMERCIAL PROPERTY SECTION

6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No

7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
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This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



Child Care Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____
Website: _____

BUSINESS INFORMATION

1. Are you licensed? License Number: _____ Yes No
 - a. If unlicensed, are you: Certified Registered Unregulated
2. Day care type: Family Child Care Group Child Care
 Preschool/4K/Head Start School Age
 - a. Family child care risks only: do you have Homeowners property and liability insurance? Yes No
3. What are the hours of operation? _____ to _____
4. Please complete the fields below:
License Capacity: _____ Average Daily Attendance: _____

Age Group	Number of Children			Number of Staff
	Full Day	AM Only	PM Only	
Newborn – 12 months	_____	_____	_____	_____
1 – 2 years	_____	_____	_____	_____
2 – 3 years	_____	_____	_____	_____
4 – 5 years	_____	_____	_____	_____
6 – 12 years	_____	_____	_____	_____

5. How many years has the business or owner been licensed for child day care? _____
If less than 3 years, please describe previous child care experience including number of years:

6. Have you had any license suspensions, revocations, or any other enforcement actions taken? Yes No
Provide details and describe corrective steps taken:

7. List any accreditations: _____

EMPLOYEES AND VOLUNTEERS

1. Do you conduct screening procedures of all employees and volunteers that include a comprehensive criminal background check? Yes No
2. Have any owners, partners, officers, directors or employees been subject to disciplinary action by a regulatory authority? Provide details and describe corrective steps taken: Yes No

3. Do you have any volunteers? Describe their roles: Yes No

GENERAL INFORMATION

- 1. Do you allow corporal punishment? Yes No
- 2. Do you provide drop-in care? Yes No
- 3. Is the day care operating out of a mobile home or manufactured classroom? Yes No
- 4. Are guns kept on the premises? Yes No
- 5. Do you use bottle warmers, crockpots, or similar devices to heat bottles? Yes No
- 6. Do you use stackable cribs? Yes No
- 7. Do you provide overnight care? Yes No

Describe policies specific to overnight care (number of staff, doors locked, etc.):

- 8. Do you care for children over the age of 13? Yes No
- 9. Do you accept children with chronic illnesses that require skilled care or children that require significant assistance with the activities of daily living? Yes No

Describe care needs and qualifications of staff to provide for those needs:

- 10. Do you require a physical examination or medical certificate before a child is accepted? Yes No
- 11. Describe procedures for administering medication:

- 12. Do you have any trampolines or bounce houses on the premises? Yes No
- 13. Are outdoor play areas fenced? Yes No

- 14. What play equipment is on the premises? (check all that apply)
- Swings Jungle Gym Slide Sandbox
- Other: _____

- a. Is all play equipment securely anchored? Yes No
- b. Height of playset platforms or climbing structures: _____
- c. Is there impact absorbing material under and around the play equipment? Yes No
- d. Is supervision provided at all times? Yes No

- 15. Do you have a pool on the premises? Yes No

Swimming Wading Size: _____ ft. x _____ ft.
 In Ground Above Ground Depth: _____ ft.

- a. Is the swimming pool surrounded by a fence or barrier as least 4 feet tall with self-closing and self-latching gates? Yes No
- b. Are the gates locked when the pool is not in use? Yes No
- c. Is the swimming pool compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- d. Are there any diving boards or water slides? Yes No
- e. Are day care children allowed to use the pool? Yes No
 - i. What ratio of adults to children is maintained when they are in the pool? _____
- f. Are all pool chemicals locked in a secure area inaccessible to children? Yes No

- 16. Are animals allowed or kept on the premises? Yes No
- If yes, explain type and breed, how many and whether they are kept separate from children:

ADDITIONAL COVERAGES

Select additional coverages and limits you are requesting:

Abuse or Molestation Coverage

- \$25,000/\$50,000 – no charge
- \$50,000/\$100,000
- \$100,000/\$200,000
- \$300,000/\$600,000
- \$500,000/\$500,000
- \$1,000,000/\$1,000,000

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature

Title

Date

Producer Signature

Date