

General Liability Application for Child Care Providers

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:
 From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED		
COVERAGE	EACH OCCURRENCE	AGGREGATE
COMBINED SINGLE LIMIT	\$ _____,000	\$ _____,000

A. Indicate coverages desired: PROFESSIONAL LIABILITY COMPREHENSIVE GENERAL
 BROAD FORM COMPREHENSIVE EMPLOYEES AS ADDITIONAL INSURED
 GENERAL LIABILITY ENDORSEMENT

B. Description of operations: _____

C. Location of all premises: _____

D. Is the applicant licensed? Yes No License Number: _____

E. What is the maximum number of children permitted by license? _____

F. What is the maximum number of children on premises at any one time? _____ Average daily attendance? _____

G. Describe the building, including age, construction, etc.: _____

H. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No
 If yes, explain: _____

I. Does the applicant have a swimming pool? Yes No If yes, explain: _____
 Is the swimming pool fenced? Yes No If yes, explain: _____

J. Does the applicant have a wading pool? Yes No If yes, explain: _____

K. Does the applicant prepare food on the premises? Yes No If yes, explain: _____

L. Does the applicant transport any of the students? Yes No If yes, explain: _____

M. Is the applicant's license with the state current and in good standing? Yes No If yes, explain _____

N. Do any children need special care? Yes No If yes, explain: _____

O. Does the applicant own any other facilities? Yes No If yes, explain: _____

P. Describe any unusual or special equipment used, including pool, trampoline, etc.: _____

Q. Is the yard fully fenced? Yes No Any dogs on premises? Yes No

R. Any special classes taught (gymnastics, dance, swimming, etc.)? _____

S. Any off-premises field trips? Yes No If yes, how many? _____ Describe: _____

T. During the past three years has any company ever cancelled, declined or refused similar insurance to the applicant? Yes No
 if yes, explain: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

RATING					
	# OF CHILDREN	X	RATE	-	ADVANCED PREMIUM
DAY NURSERIES		X		=	
POOL		X		=	
ADDITIONAL INSURED		X		=	
				Total	
				Policy Fee	
				SL Tax	
Inspection Ordered _____				Total	

APPLICANTS SIGNATURE _____ Date _____
 (MUST BE OWNER, PARTNER OR OFFICER)

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.

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.