

H. R. KELLER & CO., INC.
1520 SHERIDAN DRIVE
BUFFALO, NEW YORK 14217
716-874-1644 (800) 424-2202 Fax: 716-874-4920

COMMERCIAL CHILD DAY CARE SUBMISSION CHECKLIST

Please be certain that answers to the following items are included on your application. By doing so, we will be able to expedite the underwriting and pricing of your account. All applicable applications have to be fully completed and signed prior to binding.

- 1) Copy of current day care license
- 2) Description of Child Release and confirmation that the center requires proof using Photo ID.
- 3) Type and depth of play ground surface ex: (sand, pea gravel, rubber matting, etc.)
- 4) Field trip info: where, how often, etc. and minimum age allowed on trips.
- 5) Description of hiring requirements (min age hired and background checks)
- 6) If pets are on premises, describe handling procedures
- 7) Baby bottle info: how they are warmed, where and safety precaution taken
- 8) What kind of special needs or classes are offered?
- 9) Fire extinguisher/smoke detector info.
- 10) Emergency drill information
- 11) Age required for swimming and swim ratio
- 12) Current list of drivers if applicable (confirm drivers age- minimum if 23 yrs old)
- 13) Photo of vehicles if applicable
- 14) Left, right and rear exposures
- 15) Year of building updates
- 16) If new venture, the following is required, financial statement, business plan, resume of owner and Teachers

CHILD CARE APPLICATION

Producer Name: _____
Producer Address: _____ Date: _____

BASIC INFORMATION

Proposed Effective Date: _____ Proposed Expiration Date: _____

All Named Insureds _____

Is there more than 50% common ownership between all named insureds? Yes No

Mailing address: _____

Loc 1 Address: _____

Loc 2 Address: _____

Loc 3 Address: _____

Website Address: _____

Loss Control Contact Name: _____ Loss Control Contact Phone #: _____

Type of legal entity Individual Partnership Corporation Joint Venture LLC Not for Profit Organization

Type of childcare Operations: Center Headstart Montessori Sick Child Before/After School

Special Needs Nursery/PreK Parent Coop

Greater than 50% Drop-in

Do you have operations other than childcare? Yes No

If yes explain: _____

Date business started under current ownership: _____

If you have been in business less than two years, include a copy of your resume, financials or bank letter of credit, and a formal business plan.

Is this a renewal? Yes No Current Carrier: _____

Is this policy being non-renewed? Yes No Reason: _____

Expiring Premium: _____ GL: _____ Prop: _____ Auto: _____

List all losses in the last five years:

| Date of Claim | Description of Claim | Open/Closed | Paid \$ | Reserve \$ |
|---------------|----------------------|-------------|---------|------------|
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Have you had any bankruptcies, tax or credit liens against you in the last 5 Years? Yes No

If yes explain: _____

GENERAL INFORMATION

Are you accredited by: NAEYC: Yes No NECPA: Yes No

What is your licensed Capacity: Loc 1: _____ Loc 2: _____ Loc 3: _____

Please attach a copy of your current license per location.

What is your average daily number of infants (18 months and younger)? Loc 1: _____ Loc 2: _____ Loc 3: _____

Has your childcare license ever been suspended or revoked at any of your locations? Yes No

If yes explain: _____

Are you open more than 12 hours a day and 5 days a week at any of your locations? Yes No

If yes explain: _____

What is your average standard weekly tuition rate per child? _____

WATER ACTIVITIES

Do you provide any type of swimming or water activities?

| | | | | | |
|-------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| Loc 1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | On premise pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loc 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | On premise pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loc 3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | On premise pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you provide swim or water activities in the ocean or lake, or at any water parks? Yes No

If yes, provide complete details including frequency, ages, name of venue and all safety precautions taken:

Are children allowed to use : (Check all that apply)

| | | |
|--|------------|--------------------------------|
| <input type="checkbox"/> Diving boards | Frequency? | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Water trampolines | Frequency? | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Water slides | Frequency? | <input type="checkbox"/> _____ |

What is the minimum age of the children that are permitted to use the above selected water activities? _____

Are parental permission slips with hold harmless agreements in favor of the insured obtained on each child? Yes No

Describe all controls in place to ensure the safety of the children (I.E. life jackets, life guards at the top and bottom of the slide, etc):

FIELD TRIPS

What is the average annual number of field trips? _____

PROPERTY INFORMATION

Limits & Coverages

| Loc # | Bldg # | Subject of Insurance | Limit of Insurance | Coin % | Valuation | Deductible |
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Building Information

| Loc # | Bldg # | Stories | Total Area | Construction* | Year Built | Electrical | HVAC | Plumbing | Roofing |
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* Construction Types: F=Frame FR= Fire Resistive JM= Joisted Masonry MFR=Modified Fire Resistive MNC= Masonry Non-Combustible NC=Non Combustible

| Loc # | Bldg # | Roof Type | Roof Age | Sprinklered | Alarm Type* |
|-------|--------|-----------|----------|-------------|-------------|
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*Alarm Types: CF=Central Fire CB=Central Burglar CFB=Central Fire and Burglar LF=Local Fire LB= Local Burglar LFB=Local Fire and Burglar

Are any locations adjacent to potentially hazardous exposures? Yes No

If yes, please describe: _____

Was the building you occupy built specifically for childcare operations? Yes No

If yes, advise which location/s? Loc1 Loc2 Loc3

Are you located in: Single Occupancy Building Church Building Basement in residence
 Multiple Occupancy Building School Building Strip Mall
 Converted Dwelling Other _____

ADDITIONAL INTERESTS - PROPERTY

| Loc# | Bldg# | Name and Address | Insurable Interest |
|------|-------|------------------|--------------------|
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ABUSE LIABILITY

Abuse Limits Desired

Each Occurrence: _____
 Aggregate: _____
 Defense Each Occurrence Limit: _____
 Defense Aggregate Limit: _____

Does your employment application include questions regarding convictions of any crimes, including sex-related or child abuse offenses? Yes No

Do you conduct criminal background investigations on all employees and volunteers? Yes No

If not, explain why: _____

Have you ever had any incidents of sexual or physical abuse: Yes No

Describe any incidents or allegation of sexual or physical abuse:

Was a claim made against you: Yes No What was the claim settlement: \$ _____

GENERAL LIABILITY

General Liability Limits Desired

General Aggregate: _____
 Products & Completed Operations Aggregate: _____
 Personal & Advertising Injury: _____
 Each Occurrence: _____
 Fire Damage Legal Liability: _____
 Medical Expense: _____

Employee Benefits Limits Desired

Each Employee _____
 Aggregate: _____
 Retroactive Date: _____
 Deductible: _____
 Annual WC Payroll: _____

General Liability Classifications

| Loc # | Class Code | Classification Description | Exposure | *Premium Basis |
|-------|------------|----------------------------|----------|----------------|
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*Premium Basis: U=per unit or child S=Sales A=Area

ADDITIONAL INTERESTS - GENERAL LIABILITY

| Loc # | Bldg # | Name and Address | Insurable Interest (i.e. lessor) |
|-------|--------|------------------|----------------------------------|
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AUTOMOBILE

Your Federal Employment Identification Number is: _____

Are your vehicles ever used to transport persons other than your center's children? Yes No

If yes, please explain:

Do you provide transportation other than to/from school/field trip? Yes No

If yes, please explain: _____

Are all of the vehicles on the vehicle schedule titled to or leased to the named insured? Yes No

If no, please explain: _____

What is the average annual mileage per vehicle? _____

Do you allow drivers under the age of 21 to transport children? Yes No

Do you allow drivers over the age of 70 to transport children? Yes No

Which of the following controls do you have in place to prevent a child from being left in your vehicle:

Do you check headcount at departure & return to center? Yes No

Do you check headcount upon vehicle exit? Yes No

Do you check headcount while at destination? Yes No

Do you have written procedures? Yes No

Describe other controls:

Describe any "personal use" of all the vehicles:

Do you have private passenger vehicles that are a part of this application? Yes No

If yes, respond to the questions below:

What is the estimated percentage of personal use per vehicle? _____

Does the primary driver of this/these vehicle/s have their own personal insurance? Yes No

Do any drivers under the age of 21 have access to this/these vehicle/s? Yes No

Is/are this/these vehicle/s used to transport children? Yes No

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:

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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application:

"Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

For Florida Applicants only: Agent's Name: _____ FL License Number: _____

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Applicant's Signature: _____
Title: _____

Date: _____

Producer's Signature: _____

Date: _____