

Application for Family Day Care Home Insurance

Coverage starts upon receipt & acceptance of fully completed application & corresponding payment. In the event that the application is incomplete or unacceptable, the application and payment will be returned.

Coverage will not be in effect if the premium remittance that accompanies the application is dishonored by a financial institution. Any policy, binder, or application for which payment is dishonored will be null and void.

Applicant _____

This is the person or organization (LLC, INC, Corp) listed on your license

What is your business name, if any _____

Mailing Address _____

Mailing City _____ State _____ Zip Code _____ County _____

Enter the address of the location where you take care of the children if different than the above address

Childcare Location Address _____

City _____ State _____ Zip Code _____ County _____

Do you have any other locations? Yes No If yes, explain: _____

Primary Contact Name _____

Phone Number including Area Code _____ Email Address _____

Alternate Phone Number including Area Code _____ Website _____

Fax Number including Area Code _____

Form of Business Individual Joint Venture Partnership
 Corporation Limited Liability Company Other Describe Other _____

1. Are you currently, or in the process of being, licensed, certified or registered with your state? Yes No

If no, please explain why you are not licensed or certified _____

If yes: my License/Certification/Registration number is _____
my License/Certification/Registration capacity is _____

Maximum number of children you can care for per your license

Has your License/Certification/Registration ever been revoked or suspended?..... Yes No

If yes, please explain _____

2. Current maximum number of children you care for at one time _____

3. How many providers /assistants do you have? (Include yourself) _____

4. Do you live in the home where the child care is provided? Yes No

If no, please explain _____

5. Has your child care insurance ever been non-renewed or canceled?..... Yes No

If yes, please explain _____

6. Have you had any claims filed against you in the last 5 years, or do you or your employees know of any incident that could result in a claim? Yes No

If yes, please explain _____

7. Do you have any swimming facility other than an 18 inch depth plastic wading pool?..... Yes No

Our policy does not provide coverage for claims resulting from the use of any swimming pool other than an 18 inch plastic wading pool.

8. Do you have someone to watch the children in case of an emergency that causes you to leave the daycare?..... Yes No

9. Do you accept boarders in your home?..... Yes No

INSURANCE LIMITS

What General Liability limit do you want to purchase

\$100,000 / \$300,000 \$300,000 / \$900,000 \$500,000 / \$1,500,000 \$1,000,000 / \$3,000,000
per occurrence liability limit/ aggregate liability limit

Sexual Abuse Limit : \$100,000 / \$300,000
per occurrence sexual abuse limit / sexual abuse aggregate limit

Medical Payment Limit: \$10,000 per person (\$5,000 for Children)

This liability policy can provide Additional Insured Coverage for landlords, and Resource and Referral Agencies. Please list any persons or organizations that you need this coverage extended to:

Additional Insured Type: Landlord Resource/Referral Agency

Name of Person or Organization: _____

Address: _____

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Name of Person or Organization: _____

Address: _____

HELPFUL DEFINITIONS

Aggregate: The maximum amount the Insurance Company will pay during the policy period for all occurrences.

Boarder: Someone in your home whom you provide living accommodation to in exchange for money or other services.

Day Care Child: A non-resident child who has not reached their eighteenth (18) birthday and has been placed in your care and or custody as their child care provider.

Emergency Back-up: A qualified person that can render child care services when you, the Child Care Provider, can not due to unforeseen circumstances

Limit of Liability: The most an Insurance Company will pay for any one occurrence

Occurrence: An accident, including continuous or repeated exposure to substantially the same general harmful conditions

Notable Exclusions

- I understand and acknowledge that there is NO coverage arising from the ownership, rental, maintenance, operation, supervision or use by any person of any swimming pool (other than an 18 inch plastic wading pool), or related supplies and equipment on my premises.
- I understand and acknowledge that there is NO coverage for any claims arising directly or indirectly from provision, maintenance, supervision or use by any person of a trampoline or any similar device.
- I understand and acknowledge that there is NO coverage for any claims arising out of animals owned by me or anyone living with or visiting my premises.

Application Signature

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 CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Material Representation: The signatory represents that all responses are true and does not contemplate any misstatement or suppression of fact. It is understood that all the statements in the application are the insured's representation and are deemed material to the underwriting and acceptance of risk

Producer Information

Name & Telephone Number of Producer (if applicable) _____

Producer Signature: _____ Date: _____

Print Name _____

Signature (Family Home Provider) _____ Date _____

FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION FOR: General and Professional Liability

TYPE OF INSURANCE

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

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.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

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 deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

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.

APPLICABLE IN WASHINGTON

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.

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)