



H.R. KELLER AND CO., INC.
 1520 SHERIDAN DRIVE
 BUFFALO, NY 14217



American Federation
 Of Daily-Care Services

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.

BASIC INFORMATION

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): _____

BUSINESS INFORMATION

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Has your License/Certification/Registration ever been revoked or suspended?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: _____

A copy of your license, certification, or registration is required.

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 Signature: _____ Date: _____

Print Name : _____

Signature (Family Home Provider) _____ **Date** _____