



DC Insurance Services, Inc.

Family Childcare Liability/Accident Insurance APPLICATION

Office Use Only / CA

N R RL

Quote # _____

Policy # _____

■ ANSWER ALL QUESTIONS. (PLEASE PRINT OR TYPE)

1. Name of Licensed Child Care Provider _____
2. Mailing Address: _____
City _____ State _____ Zip _____
Insured Location (if Different) _____
City _____ State _____ Zip _____
Phone _____ FAX _____ E-mail Address: _____
3. Are you required to send anyone proof of this insurance? ☐ No ☐ Yes | ☐ landlord ☐ myself ☐ other
Name _____
Name of Contact: _____
Address _____
FAX: _____
4. **Important.** Is the above to be named as an additional insured? (Additional cost may apply) ☐ No ☐ Yes
5. Applicant is licensed for _____ (No. of children).
ATTACH COPY OF CHILD CARE LICENSE OR EMAIL TO: submissions@dcins.com
a. Facility Number : _____
6. What is the average daily attendance? _____
7. How many children do you currently have enrolled under 2 years of age? _____
8. Are infants always placed in cribs or play yards during nap time? ☐ No ☐ Yes
9. Do you currently have any employees, assistants, volunteers, or family working in the day care? ☐ No ☐ Yes
a. If yes, are they currently AT LEAST 18 years of age? ☐ No ☐ Yes
b. Including the licensed provider how many total providers & assistants are working in the day care? _____
10. Do you currently provide overnight care? ☐ No ☐ Yes
11. Has or will the applicant provide care to children older than 14? ☐ No ☐ Yes
12. Are permission slips obtained from parents or guardians for all field trips? ☐ No ☐ Yes ☐ No Trips
13. Does the applicant take field trips to residential swimming pools, duck boats or any other type of boating trip, lakes, beaches, skiing or snow tubing, skating rinks (ice or roller), amusement/water parks and/or any overnight trips? ☐ No ☐ Yes
14. Are children left unsupervised at anytime including naptime ☐ No ☐ Yes
15. Do you care for special needs children requiring extraordinary or special care? ☐ No ☐ Yes
a. If yes, describe special needs and care: _____
b. Have you had specific training for this special needs? ☐ No ☐ Yes
16. Is there a swimming pool on the premises? ☐ No ☐ Yes
a. Are enrolled children allowed to use the swimming pool at anytime? ☐ No ☐ Yes
PLEASE ATTACH PICTURES OF POOL AND SURROUNDING AREAS OR EMAIL PHOTOS TO: submissions@dcins.com
17. Does the applicant offer any gymnastics, martial arts and/or contact sports of any kind? ☐ No ☐ Yes
a. If yes please describe _____
18. Has the named insured or any officer, owner or partner of the applicant individually had any child care license, registration, or certification revoked or suspended? ☐ No ☐ Yes
19. Is medicine only administered with parent/guardian written consent and instruction? ☐ No ☐ Yes ☐ None Administered
20. Does the applicant own any dogs whose dominant breed is that of a Pitbull, Doberman, Mastiff, Rottweiler? ☐ No ☐ Yes
21. Has any insurance company ever canceled or non-renewed insurance on your childcare operation? ☐ No ☐ Yes
a. If yes, why? _____
22. Have any liability claims or lawsuits been made against you in connection with your childcare operations or are you currently aware of any claim(s) or incidents that might result in a claim? ☐ No ☐ Yes
23. Has the applicant ever been cited/violated by the state for the number of children on the premises exceeding the licensed capacity, failure to adhere to state mandated staff to child ratios, lack of supervision, failure to perform state mandated background checks, and/or incomplete medical records for enrolled children and/or medication logs? ☐ No ☐ Yes
24. Have there been any actual or alleged incidents of child molestation or abuse? ☐ No ☐ Yes
25. Has the applicant ever had a hearing regarding any citations or violations discovered by a regulatory agency? (regardless of the outcome of the hearing) ☐ No ☐ Yes
a. If so explain _____

INSURANCE LIMITS REQUESTED:

Select Your Liability Limit

(Per Occurrence / Aggregate)

- ☐ \$ 100,000 / \$300,000
- ☐ \$ 300,000 / \$900,000
- ☐ \$ 500,000 / \$1,500,000
- ☐ \$ 1,000,000 / \$3,000,000

Sexual Abuse Limit: 100,000/\$300,000

Medical Payments Limit \$10,000 Per Person (\$5,000 per Child)

OFFICE USE ONLY

EFF DATE ____/____/____

- PLAN COST: _____
- If Applicable:
- LIAB/ ADJ. _____
- ACC. ADJ. _____
- TERRORISM _____
- INST. + _____
- TOTAL: _____
- UNDERWRITER: _____
- DATE: _____

If application is approved a final quotation will be presented with payment instructions.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. Completion of this Application for insurance does not guarantee coverage will be issued. Each Application for insurance is subject to company approval.
2. This application for insurance enrolls me in blanket accident insurance. Terms and conditions of coverage may vary based on the state in which the policy is issued. Accident policy is fully earned and non-refundable. I acknowledge the eligibility requirement for the accident coverage and understand that all eligible persons must be enrolled now and in the future in accordance with the rules established by the company.
3. Final premiums are determined after a review of my child care operation based on the information I have indicated on my application for insurance. If an additional premium is due I will be notified before policy issuance. I understand that there are non-refundable premiums and/or fees associated with my policy, including any stated "broker" fees shown on my final quotation.
4. I hereby declare that the above statements and particulars are true to the best of my knowledge and that I have not suppressed or misstated any material facts. I understand that I must operate my family child care home in accordance with the laws of the jurisdiction in which I reside; that my child care license must be current and in good standing; and that coverage will cease if it should be suspended or revoked. I agree that information in this Application for insurance is the basis of policy issuance by the insurance companies and that the Application for insurance is part of that policy. I know that any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an Application for insurance containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
5. I understand that upon approval I may be subject to an inspection of my premises to be conducted by a licensed inspector and that I must adhere to any recommendations made based upon such inspections to keep insurance in force.
6. I understand that additional terms & conditions (addendums) may be required prior to the issuance of the policy.

PAPERLESS DELIVERY OPTION: ☐

CHECK THIS BOX AND HELP THE ENVIRONMENT BY RECEIVING YOUR POLICY DOCUMENTS VIA EMAIL.

X _____ Date ____/____/____
Signature of Licensed Child Care Provider

Mail, fax or E-mail the completed and signed Application for Insurance, a copy of your Childcare License/Registration to:
DC Insurance Services, Inc., 6345 Balboa Blvd., #251, Encino CA 91316.

FAX: (877) 476-0888

www.dcars.com

email: submissions@dcins.com

Call us at 800-624-0912 if you have questions.

MANDATORY GOVERNMENT NOTICE

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury---in consultation with the Secretary of Homeland Security, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015, 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017, 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.