



DC Insurance Services, Inc.

Commercial Center Childcare Liability/Accident Insurance APPLICATION

Application For Childcare Center Liability

All questions must be answered.

Applicant Name: _____

Mailing Address: _____

Inspection Contact: _____ Phone Number: _____

Years in Business: _____ License Capacity: _____ Maximum Daily Attendance _____

Type of Business: Sole Proprietorship; LLC; Corporation; Non-Profit; Parent Co-Op:

Locations:

Street Address	Building Limit	Business Personal Property Limit	Square Footage	Construction Type	Year Built	Roof Age

Has Plumbing been maintained, updated, or replaced? No Yes

Has Heating system been maintained, updated or replaced? No Yes

Is there an Automatic Fire Alarm? No Yes

Is there a Sprinkler? No Yes

General Liability Limits:

\$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

Child Molestation and Abuse Limits:

\$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000

\$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

5 Year Loss History: NO PRIOR LOSSES

Date of Loss	Description	Status	Amount Paid	Current Reserve

Has any policy or coverage been declined, cancelled, or non-renewed in the past three years? No Yes

If Yes, Details: _____

Any Additional Insureds: NO ADDITIONAL INSURED

Name	Mailing Address	Interest

DC Insurance Services, Inc., 6345 Balboa Blvd., Suite 251 Encino, CA 91316

www.dcins.com | www.facebook.com/dcins | submissions@dcins.com | Fax 818.501.7612 | 800.624.0912 | 877.476.0888 f | CALIC #0799352

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All questions must be answered.

General Information:

1. Is the applicant's center closed between 11 p.m. and 5 a.m.? Yes No
2. Hours of Operation: _____ AM to _____ PM
3. Is this center a 100% drop-in center (i.e. short-term child care services while parents are on the premises)? Yes No
4. Number of Children Enrolled in the Following Age Ranges: _____ 0-1.5yrs; _____ 2-3yrs; _____ 3-5yrs
5. Number of Before/After School Children Enrolled in the Following Age Ranges: _____ 5-7yrs; _____ 8-10yrs; _____ 11yrs+
6. Number of Teachers for Each Age Range: _____ 0-1.5yrs; _____ 2-3yrs; _____ 3-5yrs; _____ 5-7yrs; _____ 8yrs+
7. Do you have infants aged 18 months or younger? Yes No
8. Does the applicant own or operate any other business? Yes No
9. Is the applicant a franchiser? Yes No
10. Has the applicant, majority owner, partner or member filed bankruptcy in the past five years? Yes No

Licensing Information

11. All Licensed Facility Numbers: _____
12. Is the applicant exempt from licensing, registration, or certification? Yes No
13. Is the applicant licensed, certified or registered with the state? Yes No
14. Does the applicant have a pre-employment/volunteer and a periodic ongoing screening process after employment and volunteering have begun which includes verification that employees and any volunteer workers have never been convicted of any crime, included sex-related or child abuse related offenses? Yes No
15. Are logs kept of all medicine that is administered, and is medicine only administered with the parent's/guardian's written consent and instruction? Yes No
16. Have there been any actual or alleged incidents of child molestation or abuse? Yes No
17. Has the named insured or any officer, partner, member or owner of the applicant individually had any child care license, registration, or certification revoked or suspended? Yes No
18. 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? Yes No
19. Have all violations that have been cited in an inspection (whether the inspection was done by an insurance carrier or the state) been corrected within the required deadline for compliance? Yes No
20. Has the applicant ever had a hearing regarding violations discovered by the state (regardless of the outcome of the hearing)? Yes No
21. Are all staff and volunteers over the age of 18? Yes No
22. Are children ever left with only caregivers between the age of 18 and 21 and/or with volunteers that have not had a background check performed by the center? Yes No
23. Does the applicant meet the minimum state staff to child ratio guidelines at all times? Yes No
24. Does the applicant require that children are enrolled in the center with applications completed including complete medical information and emergency contact information that is signed by a parent/guardian prior to the first day of the child's stay (including drop in and/or short term care) and require updated immunization records annually? Yes No



Before/After School Programs Only:

- 25. Does the center operate 100% as a before/after school program? Yes No
- 26. Is the center licensed for before/after school care? Yes No
- 27. Is the operation being held in a gymnasium or cafeteria? Yes No
- 28. Are they using an outside play area that is not 100% fenced? Yes No
- 29. Is this legal operation run by the school and/or share administrators' with the school? Yes No
- 30. Does the center operate a day camp and/or summer camp? Yes No
- 31. If Yes: Are the children in the camp permitted to stay overnight? Yes No
- 32. Is the camp offering specialized programs (other than education) such as weight loss or sports instruction? Yes No
- 33. Is this a seasonal operation (i.e. only open in the Summer)? Yes No

Premises Information:

- 34. Are all outside play areas 100% fenced? (actual fencing not just natural barriers)? Yes No
- 35. Are there any wading and/or swimming pools on the premises deeper than 24 inches? Yes No
- 36. Are all cubbies and bookcases over 24 inches in height affixed to a wall or floor? Yes No
- 37. Are all doors equipped with pinch guards to prevent accidents to fingers? Yes No
- 38. Is there any exposure to aluminum or knob and tube wiring on the premises? Yes No
- 39. Is 100% of the wiring on functioning and operational 100 AMP circuit breakers? Yes No
- 40. Are all kitchen facilities and heating appliances including bottle warmers physically separate from areas accessible by children? Yes No
- 41. Are there functioning and operational smoke and/or heat detectors on premises? Yes No
- 42. Are functioning and operational fire extinguishers readily available? Yes No
- 43. Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat source? Yes No
- 44. Does the applicant's premises have at least two means of egress by door from each floor where they operate the child care center? Yes No
- 45. Does the applicant have any homemade play equipment? Yes No
- 46. Is there any exposure to moonwalk or bounce equipment, gymnastic or wall-climbing equipment, ball pits or t rampolines/rebounding equipment greater than 12 inches from the ground? Yes No
- 47. Under all permanently installed climbing, rocking, rotating, bouncing or moving equipment, there is a minimum of 6 inches of loose fill surfacing material (such as shredded wood/rubber, sand, etc.) OR a shock absorbing surface material (must be rubber tiles, mats, or a poured in place material) regardless of what is mandated by state guidelines? Yes No
- 48. Does the center have any playground equipment with a platform over 6 feet high? Yes No

Childcare Operations:

- 49. Are children left unsupervised at any time (including nap time)? Yes No
- 50. Do any enrolled children require skilled or specialized medical care? Yes No
- 51. Does any child have a health condition that requires invasive medical procedures? Yes No
- 52. Does the center specialize in caring for children with special needs and/or have more than 20% of their enrollment comprised of special needs children? Yes No
- 53. Does the center have any children who are non-functioning in a social atmosphere or who have displayed violent or aggressive behavior (whether a danger to themselves or others)? Yes No



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- 54. Are all children independent mobile/ambulatory? Yes No
- 55. Is care provided for sick children? Yes No
- 56. Are permission slips obtained from parents or guardians for all field trips? Yes No
- 57. For school age children above grade 3, are they only providing before/after school (i.e. private, charter, Montessori, etc. schools that are above grade 3 are ineligible)? Yes No
- 58. Has or will the applicant provide care to children older than 14 and/or any adult care services? Yes No
- 59. Does the applicant provide any babysitting, nanny, adoption, and/or referral services? Yes No
- 60. Does the applicant travel to destinations to provide child care services? Yes No
- 61. Does the applicant offer any gymnastics, martial arts and/or other contact sports? Yes No
- 62. 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? Yes No
- 63. Does the applicant take any field trips to commercial swimming pools? Yes No
- 64. Does the applicant have any animals on premises? Yes No
- 65. If Yes: What Kind? _____

■ ADDITIONAL INFORMATION NEEDED

IMPORTANT: The following items must be attached to this application when submitted for quotation. Applications which do not have all necessary items will be returned to applicant unprocessed.

- a. Current day care center license
- b.A ll center/parent agreements and contracts – sample copies (including emergency release, medical release, special instructions, etc.)
- c.A dditional sheets as necessary to completely answer all application questions.

PROPERTY COVERAGE AVAILABLE. SEPARATE APPLICATION MUST BE COMPLETED

The applicant declares that the above statements and particulars are true and that no material facts have been suppressed or misstated and that this application shall be the basis of the contracts with the companies. Applicant further understands and agrees to the following:

1. Completion of this application warrants that applicant is aware of the operating guidelines set forth in the State of California Title XX11, Division 12 of the general licensing requirements and will operate within the guidelines at all times.
2. Completion of this application does not guarantee issuance of insurance.
3. Each application is subject to underwriting review and physical inspection of the center.
4. Base rates are subject to change without notice. Final rates are determined after review of the risk, including but not limited to, number of children enrolled and operations.
5. Premium quotations include accident medical reimbursement coverage.
6. Premium quotations are guaranteed for 30 days only.

Signature of Applicant

Title

Date



ACE American Insurance Company

Request for Childcare Accident Medical Insurance

Accident Medical Reimbursement Coverage: Included in all quotes, \$20,000 Limit per enrolled child at a rate of \$6.00 per child

We request a plan of accident insurance based on the following statements and representations:

(PLEASE PRINT)

1. Name of Center: _____ Director: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: () _____
 Mailing Address: (if different) _____
 City: _____ State: _____ Zip: _____

- 2. License Count: _____ (Attach copy of license)
- 3. Number of children enrolled in facility: _____ (Include all sessions) Please note : Only enrolled children are insured. Coverage does not extend to volunteers or employees.
- 4. Desired effective date: _____ (Backdating not permitted). Coverage is for a one-year term. Coverage will be effective at 12:01 a.m. Standard Time on the date shown above at the address of the applicant or when approved by the company or it's authorized representative, whichever is later.

This is a non-cancellable policy. The premium charged is fully earned at the inception date of coverage and is not refundable. The accident policy is not part of NCPI. This application enrolls me in blanket accident insurance underwritten by ACE American Insurance Company. Terms and conditions of coverage may vary based on the state in which the policy is issued. I acknowledge the eligibility requirement for the accident insurance coverage and understand that all eligible persons must be enrolled now and in the future in accordance with the rules established by the company. I understand that this is not health insurance nor is it Workers Compensation which is required by law.

Signature of Applicant: _____ Date: _____