

PRESCHOOL/DAYCARE/MONTESSORI APPLICATION-QUESTIONNAIRE

DATE _____

OWNERS NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS
(INCLUDING COUNTY) _____

MAILING ADDRESS
(IF DIFFERENT) _____

PHONE NUMBER _____

PROPOSED EFFECTIVE DATE _____ TO _____

I. PROPERTY

BUILDING LIMIT \$ _____ REPLACEMENT COST / ACTUAL CASH VALUE

CONTENTS LIMIT \$ _____ REPLACEMENT COST

DEDUCTIBLE \$ _____ (\$250.00 MINIMUM)

OTHER OCCUPANTS OF BUILDING _____

LOCATION IS: RENTED OWNED

IS THERE A: MORTGAGEE LOSS PAYEE CONTRACT OF SALE

IF YES – NAME _____
ADDRESS _____

BUILDING CONSTRUCTION: FRAME MASONRY NON-COMBUSTIBLE FIRE RESISTIVE

BUILDING AGE _____ BUILDING SQUARE FOOTAGE _____

YEAR OF LAST UPDATE: HEATING _____ PLUMBING _____ ELECTRICAL _____ ROOF _____

CONDITION OF BUILDING: VERY GOOD GOOD OTHER (EXPLAIN) _____

II. LIABILITY

LIMITS OF LIABILITY \$ _____ EA. OCCURRENCE \$ _____ AGGREGATE

_____ MAXIMUM NUMBER OF CHILDREN PERMITTED BY STATE LICENSE (IF REQUIRED)

_____ MAXIMUM NUMBER OF CHILDREN ON PREMISES AT ONE TIME

_____ SEXUAL ABUSE COVERAGE DESIRED? NOT AVAILABLE FOR 24HR. CENTERS

_____ PROFESSIONAL LIABILITY (E&O) - NOT AVAILABLE FOR 24HR. CENTERS

_____ NON-OWNED AUTO OR NON-OWNED AUTO INCL. HIRED AUTO COVERAGE DESIRED?
(NOT AVAILABLE IF COMMERCIAL AUTO POLICY IS IN EFFECT)

ADDITIONAL INSURED TO BE NAMED ON THE POLICY (NAME & ADDRESS)

INTEREST (i.e. LANDLORD/PROPERTY MGMT. CO., CITY OR COUNTY PROGRAM) _____

III. ADDITIONAL COVERAGES

EMPLOYEE DISHONESTY - INCLUDED AT \$5,000 LIMIT
HIGHER LIMITS AVAILABLE TO QUOTE \$ _____

MONEY & SECURITIES INCLUDED AT \$5,000 LIMIT
HIGHER LIMITS AVAILABLE TO QUOTE \$ _____

GLASS: GIVE DESCRIPTION, # OF PANES, AND TOTAL SQUARE FOOTAGE OF EACH PANE TO BE COVERED (PLEASE INDICATE WHICH PANES ARE ABOVE THE 2ND FLOOR, IF ANY:

IV. LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR FIVE YEARS:

DATE OF OCCURRENCE / DESCRIPTION OF CLAIM / AMOUNT PAID BY INSURANCE COMPANY

EXPLAIN ANY PAST LOSSES AND DOLLAR AMOUNT OF LOSSES: _____

CURRENT INSURANCE CARRIER: _____ PREMIUM: _____

RENEWAL BEING OFFERED? YES NO IF NO, EXPLAIN _____

PLEASE ANSWER ALL OF THE FOLLOWING:

IS BUSINESS LOCATED IN: OWNED RESIDENCE RENTED RESIDENCE COMMERCIAL BLDG

LIST OTHER OCCUPANCIES: _____

LICENSING AGENCY: _____ NUMBER OF YEARS LICENSED: _____

OWNER'S RELATED EXPERIENCE AND EDUCATION: _____

IS THERE A PRE-EMPLOYMENT BACKGROUND CHECK (INCLUDING PERSONAL REFERENCES, POLICE RECORD, EDUCATION, PHYSICAL/EMOTIONAL)? YES NO

THE STAFF BREAKDOWN BY AGE OF CHILD IS:

____ STAFF FOR ____ CHILDREN 0-2 YEARS

____ STAFF FOR ____ CHILDREN 2-6 YEARS

____ STAFF FOR ____ CHILDREN 6 & OVER

THERE ARE _____ CHILDREN ENROLLED WHO ARE EMOTIONALLY OR PHYSICALLY HANDICAPPED OR WHO REQUIRE SPECIAL TREATMENT DUE TO MEDICAL PROBLEMS.

HOURS OF OPERATION: MONDAY – FRIDAY _____ WEEKEND _____

ANY OVERNIGHT CARE? YES NO

NUMBER OF OFF-PREMISES FIELD TRIPS: _____

WHERE TO AND MODE OF TRANSPORTATION: _____

DO YOU UTILIZE SWIMMING FACILITIES ON OR OFF THE PREMISES? YES NO
IF YES, LIABILITY DISCLAIMER REQUIRED, FORWARD COPY.

	YES	NO
ARE THERE ANY PETS ON THE PREMISES	<input type="checkbox"/>	<input type="checkbox"/>
IF SO, WHAT TYPE AND BREED: _____		

ARE THEY SEPARATED FROM THE CHILDREN?	<input type="checkbox"/>	<input type="checkbox"/>
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IS THERE A PLAYGROUND?	<input type="checkbox"/>	<input type="checkbox"/>
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IF YES, DESCRIBE PLAYGROUND EQUIPMENT AND FACILITIES:

IS THE PLAYGROUND FENCED?	<input type="checkbox"/>	<input type="checkbox"/>
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DOES THE FENCE GATE(S) HAVE SELF-CLOSING DEVICES?	<input type="checkbox"/>	<input type="checkbox"/>
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DO PLAY EQUIPMENT AND TOYS MEET THE CONSUMER PRODUCT SAFETY CODE REQUIREMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
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IS ACCIDENT/HEALTH INSURANCE MANDATORY FOR ALL STUDENTS?	<input type="checkbox"/>	<input type="checkbox"/>
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	YES	NO
IS A MINIMUM OF ONE STAFF MEMBER WHO IS CERTIFIED IN FIRST AID PRESENT AT ALL TIMES?	<input type="checkbox"/>	<input type="checkbox"/>
ARE MEDICAL EVALUATIONS OBTAINED AT ENROLLMENT?	<input type="checkbox"/>	<input type="checkbox"/>
ARE MEDICAL CARE RELEASES OBTAINED AT ENROLLMENT?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE DISPENSING OF MEDICATION ONLY BY THE WRITTEN INSTRUCTIONS OF A PHYSICIAN?	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE INSURED HAVE EMERGENCY TRANSPORTATION AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE HOW ILLNESSES AND INJURIES ARE HANDLED:		

DOES THE INSURED COOK HOT FOOD ON PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
ARE THERE WORKING SMOKE DETECTORS?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BATTERY <input type="checkbox"/> ELECTRIC		
ARE THERE WORKING FIRE EXTINGUISHERS?	<input type="checkbox"/>	<input type="checkbox"/>
DATE LAST SERVICED? _____		
ARE ALL UNUSED ELECTRICAL OUTLETS COVERED?	<input type="checkbox"/>	<input type="checkbox"/>
ARE CHILDREN KEPT AWAY FROM THE FOOD PROCESSING AREA?	<input type="checkbox"/>	<input type="checkbox"/>
HOW OFTEN ARE FIRE DRILLS PRACTICED WITH THE CHILDREN? _____		
PEDESTRIAN SAFETY? _____		
TORNADO/STORM? _____		
STRANGERS? _____		

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY.

PRODUCER'S SIGNATURE _____ DATE: _____

APPLICANT'S SIGNATURE X _____ DATE: _____