

Morgan & Associates In-Home Child Care B.O.P. Application

Please print clearly. Application must be completed fully or it will be returned. Please send copy of license.

Bus. Name _____ Owner's Name _____
Bus. Address _____ City _____ County _____ State _____ Zip _____
Bus. Phone _____ Proposed Effective Date _____ to _____

I. PROPERTY

Property \$1,000 Day Care Equipment included. However, I have higher limits of Day Care Equipment of (check one):

\$5,000 \$10,000 Please quote for additional premium.

Facility is a Mobile Home? YES NO

Building Construction Frame Masonry Non-Combustible Fire Resistive

Building Age _____ Year of Last Update _____ Heating _____ Plumbing _____ Electrical _____ Roof _____

Condition of Building VERY GOOD GOOD OTHER (Please Explain) _____

II. LIABILITY

Pick Limit from Rate Page Insert Limits of Liability \$ _____ Occurrence \$ _____ Aggregate
_____ Max. # of Children Permitted by State License _____ Max. # of Children on Premises At One Time (if Montessori/Preschool)

Sexual Abuse Coverage? YES NO If YES, you must write same limit as Liability.

Additional Insured - Name and Address - Explain Interest (see outline) _____

III. LOSS HISTORY

Enter all Day Care Claims or Occurrences that may give rise to Claims for the prior 5 years:

Date of Occurrence/Type or Description of Claim/Amount Paid: _____

Explain any past Losses and dollar amount of Losses: _____

Current Insurance Carrier: _____ Premium: _____

Renewal being offered? YES NO If NO, please explain _____

Is business located in: _____ Owned Residence _____ Rented Residence

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/emotion testing)? YES NO

There are _____ children enrolled who are emotionally or physically handicapped or who require special care due to medical problems.

Hours of operation: Monday through Friday from _____ to _____ Weekends from _____ to _____

Any overnight care? YES NO If YES, Sexual Abuse Coverage and Professional Liability not available.

Number of off-premises field trips: _____

Where to and what mode of transportation? _____

Do you utilize swimming facilities on or off the premises? YES NO If YES, please describe: _____

Do you want swimming pool coverage? YES NO Do you want wading pool coverage? YES NO

Are there any pets on the premises? YES NO If YES, what type and breed? _____

Dog Bite Coverage is automatically excluded unless bought back.

Do you want Dog Bite Coverage? (\$50,000 limit) YES NO

Are the pets separated from the children? YES NO

Is there a playground or yard? YES NO If YES, describe playground equipment and facilities: _____

Is the playground fenced? YES NO Does the fence gate(s) have self-closing devices? YES NO

Do you have emergency transportation available? YES NO

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 _____