



CHILD CARE SUPPLEMENTAL APPLICATION

Utica National Insurance Group ■ New Hartford, New York

(Including Sections for Optional Abuse or Molestation and Legal Liability Coverages)

This application and attachment(s) must be completed in full, signed, dated, and returned to the company along with all applicable ACORD applications prior to binding.

Name of Insured: _____

Mailing Address: _____

Policy Period: From _____ To _____

Email: _____ Website: _____

For Profit Not For Profit Cooperative Center (funded and staffed by participating parents)

NOTE: Coverage may not be bound without an underwriter's approval.

A. OPERATIONS

1. What type of building is the child care center located in?

<input type="checkbox"/> Commercial	<input type="checkbox"/> Religious Institution	<input type="checkbox"/> School
<input type="checkbox"/> Other: (describe) _____	<input type="checkbox"/> Private Home (NOT Eligible)	
2. Years in business with current management? _____
3. Hours of operation: _____
4. Are there any Camp Exposures? Yes No
5. Are there any overnight stays? Yes No
6. Is insured an exclusive After-School Facility? Yes No
7. Does enrollment of handicapped students exceed 20%? Yes No

B. LICENSING

1. Is the child care center a licensed facility? Yes No
2. Has a license to operate ever been denied, suspended or revoked? Yes No
If yes, please explain: _____
3. Date of the most recent state inspection: _____
4. Have you ever received any citations or warnings issued by any state or governmental entity?
If yes, please explain: _____

C. PREMISES CHARACTERISTICS

1. Is the center a standalone structure or is it located within a multi-use building? _____
2. Was the structure built:

a) after 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) specifically for child care or modified for that particular purpose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is facility on grade level with two exits? Yes No
4. Does a swimming pool / water exposure (on or off premises) exist? Yes No
If yes, please complete Swimming Pool checklist I. below
5. Does your center operate a full kitchen on site? Yes No
6. Does your center have a Central Station fire detection system? Yes No
Are there manual pull stations? Yes No
7. Are fire extinguishers inspected and tagged annually? Yes No
When was the last inspection date? _____
8. Does your center have smoke detectors? Yes No
Are they: battery operated or hard-wired to the building?
9. Protection covers on electrical outlets? Yes No

D. STAFF AND CHILDREN

1. Applicant operates _____ days per week from _____ to _____ with an average daily attendance of _____ children (full and part time) in a facility with _____ square feet area.
2. Previous four (4) years highest enrollment counts: _____
3. Expected enrollment next year _____

	<u>Caregiver/Teacher/Child</u>	<u>Category (Age of Children)</u>
Ratio	_____	0 - 1
Ratio	_____	1 - 2
Ratio	_____	2 - 4
Ratio	_____	4 - 5
Ratio	_____	5 - Up

4. Teacher/staff professionally qualified? Yes No
5. Are all caregivers currently licensed or certified? Yes No
If no, explain:
6. Are reference checks conducted for all staff? Yes No
7. Is a minimum of one staff member certified in first aid present at all times? Yes No
8. Teacher/staff trained to look for signs of mental and physical abuse? Yes No
9. Are volunteers used? Yes No
10. Are field trips taken? Yes No
 - a) Are signed release forms obtained from parents? Yes No
 - b) Are children required to wear identification while on trips? Yes No
 If yes, describe activities and procedures.

E. PLAY AREAS

1. Does the facility have its own play area? Yes No
2. Is playground fenced and in compliance with state regulations? Yes No
If no, explain:
3. List all playground equipment and specify any with platform heights of over 6 feet:
4. Are any trampolines, moonwalks, bounce equipment, inflatables, gymnastics equipment, wall climbing or ball pits present? Yes No
5. Describe playground surface(s): _____

F. AUTOMOBILE

1. Does Insured provide student transportation to/from home? Yes No
2. Are field trips taken? Yes No
 - a) What is the radius of operation? _____
 - b) What is the frequency? _____ Where? _____
3. Is there a scheduled preventative maintenance program in place? Yes No
4. Are all drivers who transport students over the age of 21 with acceptable MVR's? Yes No
5. Do you operate any non-conforming vans (11 to 15 passengers)? Yes No
6. Do employees or volunteers drive their own vehicles for company business? Yes No
 - a) How often does this occur? _____
 - b) Do you require evidence that they have their own auto insurance? Yes No

G. SAFETY

- 1. Is a record of injuries/treatment kept? Yes No
- 2. Child's medical history required? Yes No
 - a) Does the child care center administer any medications?
 - b) Are signed releases for emergency medical treatment / dispensing of medication obtained from parents?
 - c) Are medications kept in a locked cabinet with access limited to authorized personnel?
- 3. Are Pre-Authorization records kept for child release? Yes No
- 4. Is a release signed for transportation of sick/injured children? Yes No
- 5. Is an Emergency situation procedure in place? Yes No
- 6. Does the center have children sleeping at any time? Yes No
 - *If yes, Carbon Monoxide detectors should be installed within 15' feet of the primary entrance to each room lawfully used for sleeping.

H. CORPORAL PUNISHMENT

- 1. What is the Child Care Center's policy on corporal punishment?

- 2. Is there a written policy concerning the use of corporal punishment? Yes No
- 3. Have there ever been any claims for corporal punishment? Yes No
- 4. What are the state's laws on corporal punishment? Allowed Prohibited

I. SWIMMING POOL / WATER CHECKLIST (Complete this section only if the risk has a swimming pool / water exposure on or off premises.)

1. FENCING

- a) 4' foot enclosure fencing or wall? Yes No
- b) Self-closing gate and latch? Yes No
- c) Locking hardware? Yes No

2. RULES & REGULATIONS

- a) Posted pool hours and regulations? Yes No
- b) Are children ages three and under restricted to shallow end? Yes No
- c) Glass container rules? Yes No
- d) Food consumption rules? Yes No

3. EMERGENCY INFORMATION

- a) Emergency phone numbers posted? Yes No
- b) Phone near pool area? Yes No
- c) Emergency Plan in place? (Refer to Underwriting Criteria) Yes No

4. PERSONNEL

- a) Is there a certified lifeguard on duty? Yes No
- b) Staff and child ratio in compliance with Utica Underwriting Criteria? Yes No
- c) Are the staff trained in CPR/First Aid as per state mandates? Yes No

5. LIFESAVING EQUIPMENT

- a) 15' foot pole or shepherd's hook? Yes No
- b) 18" inch ring buoy and throwing rope? Yes No
- c) Lifeline with floats to separate shallow and deep areas? Yes No

6. POOL

- a) Depth: Shallow Area _____ Deep Area _____
- b) 2 sets of steps, ladders or stairs? Yes No
- c) Steps & rung slip-resistant? Yes No
- d) 4" inch depth markings? Yes No
- e) Diving board provided? Yes No

- f) Slide provided? Yes No
- g) Wading pool? Yes No
- h) Deck material slip resistant? Yes No

J. CHILD CARE LEGAL LIABILITY INSURANCE - CLAIMS-MADE BASIS (Complete this section only if this coverage is being requested)

1. Limits of Liability: \$_____ each loss \$_____ aggregate for each annual policy year
2. Optional Additional Defense Coverages (AVAILABLE ONLY WHERE STATE HAS APPROVED):
 - Suits seeking no pecuniary relief Suits alleging loss from asbestos
3. Proposed Effective Date: This insurance is to be effective from 12:01 a.m.:_____
 - a. Proposed retroactive date: _____ ("None" provides unlimited prior acts coverage)
 - b. Entry date into uninterrupted claims-made coverage: _____
 - c. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
 - d. Was Extended Reporting Period Coverage purchased under any previous policy? Yes No
If yes, provide effective and expiration dates of coverage. _____
4. If the child care organization has been in existence less than three years, was this organization an offshoot from another? Yes No If "yes", name of original organization: _____
 THE FOLLOWING ARE INSURED under this insurance: The childcare organization, board of directors, board of trustees, members of the board, trustees, directors and all employees and volunteers.
5.
 - a. Number of members comprising the governing board of the institution: _____
 - b. Number of: Administrators _____; Officials _____; Teachers _____; All other employees _____
6. Financial status of organization:
 - a. Total current budget \$_____
 - b. Total accumulated deficit \$_____ or surplus \$_____
 - c. How many years in past five (5) has there been a deficit? _____ surplus? _____
 - d. If there is a deficit, what is being done to eliminate it?

7. Most recent enrollment: (include full time and part time) _____
 Previous four (4) years highest enrollment count _____ | _____ | _____ | _____
 Expected enrollment next year _____
8. Claims - Has there been any claim in the past five years involving:
 - a. Employee's tenure, dismissal, strikes, demotion or other employment related actions? Yes No
 - b. Segregation, civil rights action involving children or employees? Yes No
 - c. Other _____ Yes No
 If "Yes" to **a**, **b**, or **c**, describe all below or on an attached sheet, including amounts of all judgments, reserves and demands:
9. Incidents (Not yet resulting in claims - Has organization, its governing board, its individual governing board members, its trustees, its directors, its employees, or its volunteers been involved in or do they have knowledge of any pending legal action or proceeding against them; or any act, error or omission which they have reason to believe might afford valid grounds for any future claim that would fall within the scope of this proposed insurance involving):
 - a. Employee's tenure, dismissal, strikes, demotion, or other employment related actions? Yes No
 - b. Civil rights action involving children or employees? Yes No
 - c. Other _____ Yes No
 If "Yes" to **a**, **b**, or **c**, describe all here or on an attached sheet:

10. a. Has similar insurance been declined, canceled or renewal refused? Yes No
 If "Yes", explain: _____
 b. Previous carrier of similar insurance _____

K. ABUSE OR MOLESTATION LIABILITY COVERAGE (INCLUDING SEXUAL MISCONDUCT OR SEXUAL MOLESTATION)

(Complete this section only if this coverage is being requested)

NOTE: Coverage may not be bound without an underwriter's approval.

LIMITS REQUESTED

- | | |
|--|--|
| _____ \$ 50,000 Each Loss/\$100,000 Annual Aggregate | _____ \$300,000 Each Loss/\$300,000 Annual Aggregate |
| _____ \$100,000 Each Loss/\$200,000 Annual Aggregate | _____ \$500,000 Each Loss/\$500,000 Annual Aggregate |
| _____ \$200,000 Each Loss/\$200,000 Annual Aggregate | _____ \$1,000,000 Each Loss/\$1,000,000 Annual Aggregate |

1. a. Has the Insured ever had any abuse or molestation (including sexual misconduct or sexual molestation) claims? Yes No
 b. Is there any record or knowledge of any previous incidents which might have resulted in such claims if they had been pursued? Yes No
 c. Provide details for any positive response to a. and/or b. above:

 d. Does your organization have written policies that require known or suspected abuse incidents to be reported to the proper authorities? Yes No
 e. Are employees and volunteers required to sign an acknowledgement of receipt and understanding of the abuse and sexual harassment policy? Yes No
 f. Is documentation maintained on annual training regarding abuse, molestation and sexual misconduct provided to staff, students and volunteers? Yes No
 2. a. Is the Insured's facility open to parental visits? Yes No
 b. Please provide the following information:

	Employees	Volunteers
(1) Is unsupervised physical contact allowed with clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is Education Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are personal references checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are written application required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are State level 10-digit fingerprint criminal record check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Are Federal level 10-digit fingerprint criminal record check in the state less than five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are Federal level 10-digit fingerprint criminal record check regardless of time in state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Are all controls indicated in 4-7 required before client contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(9) Are Checks conducted for Alias Names?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(10) Are Multi State Criminal Background Checks conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(11) Is the National Sex Offender Registry checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(12) Are Social Security Number Traces done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(13) How long are records kept documenting all screening activities outlined above?	_____ Years	_____ Years

- c. Has the Insured developed and publicized to employees and volunteers abuse, molestation and sexual harassment reporting and investigation procedures? Yes No
 - d. Have persons charged with complaint management and investigation been adequately trained in these responsibilities? Yes No Details:
3. a. Is there any child care/school exposure which is not run by the Insured? Yes No
- b. If answer to 3.a. is yes, please complete the following:
- (1) Do the operators of such exposure have their own liability insurance, including coverage for abuse or molestation (including sexual misconduct or sexual molestation), with limits at least equal to those being requested hereunder? Yes No
 - (2) Is our Insured named as additional insured on the operator's liability policy which includes coverage for abuse or molestation (including sexual misconduct or sexual molestation)? Yes No

Note: If the answers to b.(1) and/or b.(2) above are no, we will not provide this coverage.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other 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 that person to criminal and civil penalties.

APPLICABLE IN DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN THE DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other 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.

APPLICABLE IN MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN OHIO: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

APPLICABLE IN TENNESSEE AND VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

The undersigned authorized officer of the Applicant/Insured entity declares that he/she has read the responses/statements set out in the Child Care Supplemental Application and that such responses/statements are true and accurate to the best of the officer's knowledge and belief..

	*	
Signature *NOTE: Must be signed by the President, Secretary or other authorized officer of the Applicant/Insured organization.	Title	Date

This application does not bind the applicant or the Company to complete the Insurance, but it is agreed that this form shall be the basis of contract should a policy be issued, and it will be deemed attached to and made a part of the policy.

Producer No _____ Date _____ Producer's Signature _____