

Child Care Center Questionnaire

SUBMISSION REQUIREMENTS:

- **Completed ACORD Application**
- **Currently valued loss runs from current/prior insurance carrier.**

I. APPLICANT INFORMATION

1.1	Applicant Name:		
	DBA Name(s):		
1.2	Years under Current Management:		
1.3	Applicant child care center is located in which type of facility?		
	<input type="checkbox"/> Commercial Building	<input type="checkbox"/> School	<input type="checkbox"/> Church
	<input type="checkbox"/> Private Home	<input type="checkbox"/> Municipal Building	
	<input type="checkbox"/> Manufactured Classroom	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other (describe):
1.4	If Private Home, does Applicant have Homeowner's Property and Liability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	Type of Child Care Facility (Check all that are applicable)		
	<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Group Child Care	
	<input type="checkbox"/> Preschool	<input type="checkbox"/> 4K	<input type="checkbox"/> Head Start
	<input type="checkbox"/> School Age (5 and up)		
1.6	Hours of Operation: AM to PM		
1.7	Is the Applicant a currently licensed childcare facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, provide the following: License Number: Original Date of Issuance:		
	State or Local Authority that Issued:		
	If NO, please indicate if the following applies to Applicant:		
	<input type="checkbox"/> Certified By State or Local Authority	<input type="checkbox"/> Registered With State or Local Authority	<input type="checkbox"/> Unregulated
1.8	If the Applicant's license has been in effect for less than three years, please describe the Applicant's child care experience to date, including the number of years in operation:		
1.9	What is Applicant's licensed capacity (number of children)?		
1.10	Does the Applicant comply with its licensed child care ratio and total capacity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
1.11	Does the Applicant comply with all state and local licensing requirements for childcare facilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
1.12	Has the Applicant's license to operate as a childcare facility ever been denied, suspended or revoked, or is any action pending that could lead to suspension or revocation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
1.13	Has the Applicant or any individual owner, employee or volunteer, ever been the subject of any disciplinary or enforcement action, or any complaint or investigation, by any regulatory authority?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to 1.12 or 1.13, please explain thoroughly in a separate attachment, including any corrective action taken.		
1.14	Please list all applicable accreditations for Applicant and Applicant's owner or senior staff members:		

II. STAFF AND CHILDREN

2.1	What is the Applicant's average daily attendance (number of children)?		
2.2	Does the applicant use volunteers, now or in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, describe their roles and responsibilities: Minimum Age of Volunteers:		
2.3	Does the Applicant conduct screening procedures, including comprehensive criminal background checks, on all:		
	(a) Employees, prior to hire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) Volunteers, prior to volunteering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4	Does the Applicant review the results of such checks and procedures, and consider any negative findings in its decision to hire an employee or accept a volunteer?		<input type="checkbox"/> Yes <input type="checkbox"/> No

III. CORPORAL PUNISHMENT

3.1	What is the Applicant's policy on corporal punishment? <input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited		
3.2	Have there ever been any claims, lawsuits, investigations, incidents or complaints against Applicant or any past or present staff member involving corporal punishment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details in a separate attachment, including any corrective actions taken.		

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IV. HEALTH AND SAFETY

4.1	Does the Applicant provide drop in services? (Drop-in care is when children are accepted for care that are <u>not</u> currently enrolled or registered with your child care facility.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Indicate if a file containing the following information or documentation is maintained by Applicant for each child in its care:	
	a. Immunization records, which are updated annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Records indicating any unusual conditions a child has?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Signed releases (signed by parents or legal guardians) for emergency medical treatment and dispensing of medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Written instructions for dispensing of child's medication, from the child's physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	Does Applicant require medication to be provided in original packaging, either pharmacy bottle with directions, or over-the-counter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	Does the Applicant have an accident medical insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:	
	a. Does coverage apply to all children enrolled in Applicant's center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Does coverage apply to all staff members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	Are there any pets or animals kept on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe animals (type, breed, number), caging or other method used to secure, and type of interaction with children:	
4.6	Does the Applicant allow firearms on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are firearms kept locked in a safe (no glass), in a room not accessible to children?	
4.7	Does Applicant use bottle warmers, crockpots or similar devices to heat bottles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how are the devices and their power cords protected to prevent accidental spills and children from accessing?	
4.8	Does Applicant use stackable cribs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.9	Are infants always placed in cribs for sleeping or rest-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.10	Are "pack-n-plays" or similar portable cribs used by Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:	
	a. Are all such units checked for replacement or recall at least once a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is firm, snug-fitting mattress and mattress covering used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.11	Do Applicant now, or will Applicant, provide either overnight or extended childcare past 8:00 pm, if given the opportunity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:	
	a. Are at least two staff members on duty at such times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is a staff member required to be awake at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Are the doors locked after normal business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Are children ever left unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.12	Does Applicant ever provide transportation for children in your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, does Applicant have an auto policy which complies with state law requirements in place for all vehicles in which Applicant transports children?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No

V. PLAY AREAS

5.1	Does Applicant have a playground or play area on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please answer the following:	
5.2	Is the playground/play area supervised during all times in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	What equipment do you have on playground/in play area? (Check all that apply.) <input type="checkbox"/> Swings <input type="checkbox"/> Jungle Gym <input type="checkbox"/> Slide <input type="checkbox"/> Sandbox <input type="checkbox"/> Other (describe):	
5.4	Is the playground/play area fenced in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5	Is the surface under and around play equipment "kid friendly" (i.e. impact absorbing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6	Is all equipment securely anchored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7	What is the maximum height of any of the playground/play area equipment? feet inches	
5.8	Is the playground/play area equipment checked regularly for safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9	Does Applicant have any trampolines or bounce houses on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10	Does Applicant have any elevated indoor play structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: How far off the ground? feet inches Describe the floor covering below the structure:	
5.11	Does the Applicant ever take children on any off-site field trips?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide detail:	

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VI. SWIMMING FACILITIES/POOLS

6.1	Does the Applicant currently allow its enrolled children to use, or in the future does Applicant plan to allow its enrolled children to use, any type of swimming facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of swimming facilities are used? (Check all that apply.) <input type="checkbox"/> Privately Owned Pool <input type="checkbox"/> Commercially-Owned Pool <input type="checkbox"/> Municipal Pool <input type="checkbox"/> Public Beach <input type="checkbox"/> Indoor or Outdoor Water Park <input type="checkbox"/> Other, please describe:		
If you indicated that a POOL is used above, please answer the following:		
6.2	Where is the pool located? <input type="checkbox"/> On Applicant's business premises <input type="checkbox"/> Away from Applicant's business premises	
6.3	Indicate the following for the pool used: <input type="checkbox"/> Swimming Section <input type="checkbox"/> Wading Section <input type="checkbox"/> In-Ground <input type="checkbox"/> Above-Ground Depth at deepest point: _____ Dimensions: Length - _____ Width - _____	
6.4	Are all swimming pools which Applicant allows its children to use compliant with Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5	Are certified lifeguards on duty at all times when the pool is open?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6	Is the pool completely fenced with a self-closing and self-locking gate? If yes, what height is the fence? feet inches	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7	Are all gates locked and secured when pool is not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7	Does the pool have a diving board or water slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8	Is the walking surface around the pool non-skid and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.9	What is the ratio of staff to child at pool? staff to children	
6.10	What is the minimum age of children in your care to be allowed in the water?	
6.11	Are all pool chemicals locked in a secure area or building that is inaccessible to children?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. ADDITIONAL COVERAGES REQUESTED

Select any additional coverages you are requesting and the limits desired:

- Abuse or Molestation Coverage**
 - \$25,000/\$50,000 – no charge
 - \$50,000/\$100,000
 - \$100,000/\$200,000
 - \$300,000/\$600,000
 - \$500,000/\$500,000
 - \$1,000,000/\$1,000,000
- Dog Sublimit:** \$50,000
- Water Activities / Pool Sublimit:** \$ 100,000

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VIII. FRAUD WARNINGS

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.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

APPLICABLE IN CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

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 OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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IX. REPRESENTATIONS

<i>This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application. By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:</i>	
a.	<i>After conducting due diligence, the statements in the furnished to the Company are accurate and complete;</i>
b.	<i>Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;</i>
c.	<i>Those representations are a material inducement to the Company to provide a premium proposal;</i>
d.	<i>If a policy is issued, the Company will have issued this Policy in reliance upon those representations;</i>
e.	<i>If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and</i>
f.	<i>The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.</i>

As used above, the term "Company" refers to Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.

SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date

E-mail address of authorized representative