



# United States Liability Insurance Group

## Custom Commercial/Residential Child Care Centers

Coverage to be  Quoted  Bound

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Sections  GL  Property  Umbrella

Name of Applicant: \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 DBA: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Insured Contact: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Form of Business:  Individual  Partnership  Corporation  NonProfit Organization  
 Where is the business located?  Commercial building  Private residence  Other \_\_\_\_\_  
 Any losses in the past 5 years.  None or Details \_\_\_\_\_  
 Hours of operation \_\_\_\_\_ Number of days open per week \_\_\_\_\_  
 If you have a website, include your website address: \_\_\_\_\_  
 Prior Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Commercial General Liability

1. Limits of Liability Requested:  
 General Liability:  100/100  100/300  300/300  300/600  500/500  500/1Mil  1Mil/1Mil  1Mil/2Mil  1Mil/3Mil  
 Molestation & Abuse  25/50  100/100  100/300  300/300  300/600  500/500  500/1Mil  1Mil/1Mil

2. Morning Enrollment (If over 150, submit to Home Office) Afternoon Enrollment

3. Complete the child/staff ratio's below including your own children you are providing care.

Number children up to 1 yr. old _____	# staff _____	Number children 6-12 yrs. old _____	# staff _____
Number children 2-3 yrs. old _____	# staff _____	Number children over 13 yrs. old _____	# staff _____
Number children 4-5 yrs. old _____	# staff _____		

4. Are the above student/staff ratios within state requirements.  Yes  No

5. Are you:  Licensed  Registered  Certified  Exempt  Other \_\_\_\_\_

6. License Capacity \_\_\_\_\_

7. Are you receiving State/Public funds?  Yes  No If yes, for what? \_\_\_\_\_

8. Defense Reimbursement Coverage  Yes  No

9. For building owners only:  
 Number of Apartments units \_\_\_\_\_  
 Square foot rented to others (other than apartments) \_\_\_\_\_ sq. ft. Occupancy \_\_\_\_\_

10. Number of wading pools \_\_\_\_\_ Number of swimming pools \_\_\_\_\_  
 a. If there is a swimming pool do all the following apply. No diving board, No sliding board, 4ft or higher fence with self locking gate and a red cross or similarly qualified lifeguard is required at all times during swimming activities.  Yes  No

11. Do you care for physically or mentally challenged children or children with special needs?  Yes  No  
 a. If Yes, Age of each \_\_\_\_\_  
 b. Describe affliction/needs \_\_\_\_\_  
 c. List medication taken \_\_\_\_\_  
 d. Medications given by center \_\_\_\_\_  
 e. Describe and procedures, if any, to ensure the safety of all children \_\_\_\_\_  
 f. Describe training or experience \_\_\_\_\_  
 g. Describe specific care provided for each child \_\_\_\_\_

12. Do any of the following exposures exist? (If Submit, send details to your Home Office underwriter)

	Eligible	Submit	Prohibited
Are kitchen facilities / heating appliances located in area physically separated from children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any Animals/Pets other than dogs or cats?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is this a 24 hr. operations or overnight care? If yes, Complete Nighttime Supplement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is the outside play area fenced?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Any trampolines or gymnastic equipment?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Any employed or contracted physicians or nurses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is applicant licensed if required by the state?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are there two or more means of egress form the building?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Has there been a suspension or revocation of certificate or license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Any alleged or actual incidents regarding child molestation or abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are background checks done on all potential employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Submit details _____			

13. Does the applicant have a dog or cat?  Yes  No  
 (List dog Breed \_\_\_\_\_)
14. Does the facility provide drop in care? If yes, Complete supplement  Yes  No
15. Any off-premises trips taken?  Yes  No  
 If yes,  1-12 per year  13-25 per year  26-52 per year  Over 52 provide details \_\_\_\_\_
16. Are any trips taken to swimming pools?  Yes  No If yes, Number \_\_\_\_\_
17. Are permission slips signed by parent/guardian for all trip off premises?  Yes  No
18. Is an Accident and Health policy for the children in force?  Yes  No  
 If Yes, Advise limits  \$2000  \$3,000  \$5000  \$10,000  Other \_\_\_\_\_
19. List any additional insureds and their interest: \_\_\_\_\_
20. Are there any extra curriculum classes:  None  Gymnastics  Dance  Karate  Swimming  Team Sport  
 Other \_\_\_\_\_

**Hired / Non-owned Liability Coverage - Eligible Questions:**

- |   | <b>Eligible<br/>(for Hired/Non-owned)</b> | <b>Prohibited<br/>(for Hired/Non-owned)</b> |
|---|---|---|
| 1. Does applicant currently have a Commercial Auto Policy?  | <input type="checkbox"/> No               | <input type="checkbox"/> Yes                |
| 2. Does applicant transport children themselves or via contract service                                 | <input type="checkbox"/> No               | <input type="checkbox"/> Yes                |
| 3. Are employees permitted to use their own vehicles to transport children?                             | <input type="checkbox"/> No               | <input type="checkbox"/> Yes                |
| <input type="checkbox"/> Nonowned Auto Liability <input type="checkbox"/> Hired/Nonowned Auto Liability |   |   |

**Commercial Property:**

1. Is property prohibited in our Coastal Guidelines? (If Yes, decline property)  Yes  No  
 Cause of loss  Basic  Special  Special excluding theft  
 Property deductible  500  1,000  2,500  5,000  Other \_\_\_\_\_
2. Building Construction \_\_\_\_\_ Protection Class \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft.  
 Building Age \_\_\_\_\_ Year of update to: roof \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Electric \_\_\_\_\_
3. Is all electric connected to Circuit Breakers?  Yes  No Any aluminum wiring?  Yes  No
4. Coverage Desired: **Limit** **Building & Business Personal Property**  
 Building (No residential bldgs.) \_\_\_\_\_  RC  ACV **Coinsurance** 80 90 100  
 Bus. Personal Property \_\_\_\_\_  RC  ACV  
 Business Income \_\_\_\_\_ 50 60 70 80 90 100 125 or 1/3 1/4 1/6  
 Submit if Total Limits over \$500,000 PC 1-8 or \$200,000 PC 9-10.
5. Value Plus Endorsement -  Yes  No  
 16 property coverage enhancements, includes Glass, Money & Securities, Employee Dishonesty, Electronic Data Processing Coverage, and More.  
 Employee Dishonesty  5,000  10,000  25,000  50,000  100,000  
 Money & Securities  1,000  2,000  5,000
6. Are there working smoke detectors on the premises?  Yes  No
7. List any loss payees or mortgagees to be added. \_\_\_\_\_

**Commercial Umbrella - Home Office Submit**

- Desired Limits: \_\_\_\_\_\*
1. Auto Liability Carrier \_\_\_\_\_ Employer Liability Carrier \_\_\_\_\_  
 Policy Limits\*\* \_\_\_\_\_ Policy Limits\*\*\* \_\_\_\_\_  
 Policy Eff. Date \_\_\_\_\_ Policy Eff. Date \_\_\_\_\_  
 Policy Premium ( Liability only) \$ \_\_\_\_\_  
 Vehicle Schedule: (Number & type) \_\_\_\_\_
2. Have there been any losses greater than \$10,000 in the past 5 years ?  Yes  No If yes, give details: \_\_\_\_\_

**\*Molestation is excluded in the Umbrella**

**Fraud Statement:** 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 violations.

If the applicant is located in the State of New York, the State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker. \_\_\_\_\_  
 Address. \_\_\_\_\_

Mail Completed Application  
 Through Local Agent or Broker to: \_\_\_\_\_

**\*\*Auto Liability- limit must be at least \$1,000,000 \*\*\*Employers Liability limit must be at least \$500/\$500/\$500**

Signature \_\_\_\_\_ (Owner or Officer)

Title \_\_\_\_\_ Date \_\_\_\_\_