



# Child Care Plus Insurance Program Application



P.O. Box 3870, Glen Allen, VA 23058-3870  
(804) 527-2700 (800) 431-1270 Fax (804) 527-7966

Endorsed by the National Association of  
Child Care Professionals

(Use ACORD forms for Property, Auto, Umbrella, Crime)

This application must be completed in its entirety before being accepted for submission. No coverage is bound or afforded by this application.

## General Information - APPLIES TO ALL LOCATIONS

DATE OF APPLICATION \_\_\_\_\_

1. Proposed effective date: \_\_\_\_\_ Liability occurrence limits:  \$500,000  \$1,000,000  
Sexual Abuse limits:  \$50,000/\$100,000  \$100,000/\$200,000  \$100,000/\$300,000  \$250,000/\$500,000  
 \$500,000/\$1,000,000  \$1,000,000/\$1,000,000 [If an umbrella is requested, sexual abuse limits must be \$1,000,000/\$2,000,000 – check here  ]
2. Named Insured (as to appear on policy): \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_
4. a. Business type:  Individual  Corporation  Partnership  LLC  Other: \_\_\_\_\_  
b.  Profit  Nonprofit  
c.  Commercial Child Care no camp  Commercial Child Care with camp  Montessori  Nursery School  Head Start  
 Sick Child Facility (Percent of enrollment devoted to sick child care: \_\_\_\_\_%)  In-Home care  Private school  
(Please complete a Private School application)  Other: \_\_\_\_\_  
d. Federal Employer ID No. \_\_\_\_\_  
e. Are you a member of:  NAEYC?  NCCA?  NACCP?  Other: \_\_\_\_\_
5. Is the facility accredited by any of the following?  NCCA  NAFCC  NACCP  NAEYC  Other \_\_\_\_\_  
(Attach certificate)
6. Number of years applicant has been in this business: \_\_\_\_\_
7. Person to contact for loss control survey: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_
8. Check all that apply and add any others. Attach all brochures and promotional materials. Note that coverage will only apply to disclosed premises and operations. Do you perform the following services:  Drop-off care facility  Overnight care (see supplement)  Sick Child Care (see supplement)  Special needs care (see question #35)  After school care (Percent of enrollment devoted to after school care: \_\_\_\_\_%)  Temporary care at a shopping mall, convention hall, health club facility or other venue  Special instruction (dance, gymnastics, music, etc.) – indicate type(s): \_\_\_\_\_  
 Other operations: \_\_\_\_\_
9. Do you carry Accident-Medical coverage?  Yes  No If yes, who is the insurance carrier for Accident Medical coverage? \_\_\_\_\_

## Hiring Practices and Abuse/Molestation Coverage Information - APPLIES TO ALL LOCATIONS

10. Are employees (paid & volunteer) required to complete an employment application?  Yes  No If no, explain: \_\_\_\_\_
11. a. Are criminal investigations conducted on all employees (paid & volunteer) before hiring? (This includes any parents who will be regular volunteers in the facility)  Yes  No  
b. Which of the following do you use to do background checks on your employees & volunteers?  County criminal record search  State criminal record search  National criminal index search  State prison search  Federal prison search  
 Sex offender search  Criminal index search  Nationwide U.S. Wants & Warrants search  Teacher license  
 Education verification  FBI
12. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses?  Yes  No

13. At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her?  Yes  No Do you require mandatory training for all employees each year about these subjects?  Yes  No
14. Do you verify employment references?  Yes  No Do you conduct a personal interview?  Yes  No
15. Have you had an incident which resulted in an allegation of sexual abuse?  Yes  No If yes, please describe details in Remarks Section including any resulting claims, the outcome and damages paid.
16. Do you have a written policy addressing abuse and individual contact that may occur between children and volunteers or staff?  Yes  No
17. Do you have guidelines that prohibit the use of corporal punishment?  Yes  No
18. Do your rules and guidelines include listing all staff responsibilities for all activities including on and off-premises activities?  Yes  No

**Facility - LOCATION 1** (Complete an additional location supplement for each other location)

19. Do you operate more than one location?  Yes  No If yes, explain if it's not submitted to us to insure: \_\_\_\_\_
20. How long has applicant operated at this location? \_\_\_\_\_
21. Location address, if different than mailing address: \_\_\_\_\_
22. Is the facility licensed by the State?  Yes  No If no, explain in Remarks Section.  
License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_
23. Has the license ever been revoked?  Yes  No If yes, explain: \_\_\_\_\_
24. Hours of operation: From \_\_\_\_\_ to \_\_\_\_\_ Number of days per week: \_\_\_\_\_ Number of months per year \_\_\_\_\_
25. Child care facility located at:  Private home  Church  Apartment  YMCA  Commercial Bldg.  Other: \_\_\_\_\_
26. List other occupancies in the same building: \_\_\_\_\_
27. List adjacent businesses: \_\_\_\_\_
28. Additional Insured required?  Yes  No Name \_\_\_\_\_  
Address \_\_\_\_\_ Relationship: \_\_\_\_\_

**Personnel - LOCATION 1** (Complete an additional location supplement for each other location)

29. Name of Executive Director/Manager: \_\_\_\_\_  
Number of years in child care: \_\_\_\_\_ Specialized training or education: \_\_\_\_\_
30. Number of teachers with degrees: \_\_\_\_\_ Number of teachers without degrees: \_\_\_\_\_
31. Number of Aides: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_ Number of Nurses: \_\_\_\_\_ Number of EMTs: \_\_\_\_\_
32. Number of Kitchen Staff: \_\_\_\_\_ Number of Janitorial Staff: \_\_\_\_\_ Other (describe position and number of employees): \_\_\_\_\_
33. Total number of employees: \_\_\_\_\_ Any employees under 18 years of age?  Yes  No If yes, how many? \_\_\_\_\_  
List position and how they are supervised: \_\_\_\_\_
34. Is there always someone trained in CPR and first aid on the premises?  Yes  No

**Enrollment - LOCATION 1** (Complete an additional location supplement for each other location)

35. Licensed Capacity: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_ Average Number of Children per day: \_\_\_\_\_
36. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?
 

Infants, ages 0-1	_____	# Staff	_____	# Children	
Toddlers, ages 1-2	_____	# Staff	_____	# Children	
Toddlers, ages 2-3	_____	# Staff	_____	# Children	
Preschoolers, ages 3-5	_____	# Staff	_____	# Children	
School age children	_____	# Staff	_____	# Children	
Total	_____	Total	_____		

37. Are "special needs" children cared for?  Yes  No
- If yes, how many? \_\_\_\_\_
  - Is someone on your staff trained to care for these children?  Yes  No
  - Is physical therapy provided?  Yes  No If yes, is it provided by a contracted professional who provides you with a certificate of insurance?  Yes  No
  - Is an aide assigned to accompany the child?  Yes  No
  - Describe the disabilities and special arrangements made to care for these children: \_\_\_\_\_

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**Play Facilities - LOCATION 1** (Complete an additional location supplement for each other location)

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38. Does the facility have its own play area?  Yes  No If no, give name of play facility used: \_\_\_\_\_  
Does the playground you use meet all safety requirements of the CPSC (Consumer Products Safety Commission)?  
 Yes  No
39. Is play area fenced?  Yes  No List all playground equipment: \_\_\_\_\_
40. Please indicate type of surface under play equipment and depth in inches:  Coarse Sand: \_\_\_\_\_"  Double Shredded Mulch: \_\_\_\_\_"  Engineered Wood Fibers: \_\_\_\_\_"  Fine Gravel: \_\_\_\_\_"  Fine Sand: \_\_\_\_\_"  Medium Gravel: \_\_\_\_\_"  
 Shredded Tires: \_\_\_\_\_"  Wood Chips: \_\_\_\_\_"  Other (type & depth): \_\_\_\_\_
41. Was equipment installed by, or has it been inspected by, someone certified in playground safety?  Yes  No  
How often are regular maintenance and routine inspections performed on the equipment? At least:  Weekly  Monthly  
 Only as needed  Other (Specify): \_\_\_\_\_
42. Does the center have playground equipment with a primary platform higher than 6 feet?  Yes  No Is there any play apparatus higher than 8 feet?  Yes  No If yes, describe: \_\_\_\_\_
43. Do you utilize swimming facilities?  Yes  No If yes, complete the Swimming Pool Supplement.

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**Operations- LOCATION 1** (Complete an additional location supplement for each other location)

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44. To prevent children from accessing cooking areas, stoves, microwave ovens, etc., please indicate which of the following precautions are taken:  Separate kitchen with closed door  Gate covering entrance to kitchen area  Other \_\_\_\_\_
45. To prevent children from being released to unauthorized persons, please indicate which of the following precautions are taken:  Sign-out sheet  Staff member must see the person before child is released  Staff member calls parent when unfamiliar person comes to pick up child  Staff member checks ID against child's "approved" pickup list before releasing child  Other: \_\_\_\_\_
46. Please indicate which of the following procedures are used when dispensing medications to children:  Written parental permission is required  Written instructions for use is provided by the parent  Medication is kept in its original container/package  Written records are kept of all medications dispensed  Other: \_\_\_\_\_
47. Are there any pets at this location?  Yes  No If yes, describe the pet, including size: \_\_\_\_\_
48. Are special classes provided (like music, dance, gymnastics, etc.)?  Yes  No If yes, explain in remarks section. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage?  
 Yes  No
49. Do you warm baby bottles in an area not accessible to children?  Yes  No
50. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media in the event of an abuse allegation or incident or other type of crisis?  Yes  No
51. Does the facility have an emergency evacuation plan posted and is it practiced?  Yes  No
52. Does the facility have video cameras installed to monitor all daily activities?  Yes  No

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**Field Trips and Special Events - LOCATION 1** (Complete an additional location supplement for each other location)

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53. Number of field trips conducted each year: \_\_\_\_\_
- Is an attempt made to obtain release forms from both parents/guardians for each trip whenever possible?  Yes  No
  - Are any trips overnight?  Yes  No

- c. Are staff to child ratios maintained or increased for trips?  Yes  No
  - d. Are all children required to wear an identification badge?  Yes  No
  - e. Describe types of field trips: \_\_\_\_\_
54. Do you sponsor any special events or fund-raising activities?  Yes  No If yes:
- a. For each event, list the following in the Remarks section: Type of event, number of participants, planned activities, expected revenue, length of time, whether or not liquor is served and if you obtain Certificates of Insurance from all vendors.
  - b. Do you rent facility to others?  Yes  No If so, to whom and for what purpose? \_\_\_\_\_
  - c. Do you obtain Certificates of Insurance from them?  Yes  No

**Transportation - LOCATION 1** (Complete an additional location supplement for each other location)

55. Does the facility provide transportation to and from the center?  Yes  No
56. Does the facility provide transportation for field trips?  Yes  No If yes, on average, how far from the facility are the field trips? \_\_\_\_\_
- If no, indicate how transportation is provided:  Vans are rented with drivers  Vans are rented without drivers  Buses are rented with drivers  Buses are rented without drivers  Parents, staff and volunteers drive their own cars  Other: \_\_\_\_\_
57. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside?  Yes  No
58. Are all drivers at least 21 years of age?  Yes  No Do you obtain MVRs on all drivers?  Yes  No
59. Do all drivers of applicable vehicles have a CDL license in accordance with state regulations?  Yes  No
60. Do employees/volunteers transport children in their own vehicles?  Yes  No If yes, how often: \_\_\_\_\_
61. Total number of owned vehicles: \_\_\_\_\_ Total number of hired vehicles: \_\_\_\_\_ Annual cost of hire: \$ \_\_\_\_\_
62. Are Certificates of Insurance required:
- a. From drivers of personal vehicles showing auto liability limits of at least \$300,000?  Yes  No
  - b. From drivers of hired vehicles showing liability limits equal to or greater than the insured's limits?  Yes  No

**Accident Medical Coverage (Complete if requested) – APPLIES TO ALL LOCATIONS**

63. Numbers of students by age: Under 7 years old \_\_\_\_\_ Over 7 years old \_\_\_\_\_
64. Plan Desired:
- Plan A \$12,500 Accident Medical Expense, \$10,000 Accidental Death & Dismemberment, \$0 Deductible
  - Plan B \$20,000 Accident Medical Expense, \$10,000 Accidental Death & Dismemberment, \$0 Deductible

**Prior Coverage – APPLIES TO ALL LOCATIONS**

65. Has any prior coverage been cancelled or non-renewed?  Yes  No If yes, explain: \_\_\_\_\_

66. Prior Policy Information

<u>Policy Type</u>	<u>Company</u>	<u>Effective Date</u>	<u>Limit</u>	<u>Total Premium</u>
Accident Medical	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Property	_____	_____	_____	_____
Auto	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Loss History – APPLIES TO ALL LOCATIONS**

Enter all claims or occurrences that may give rise to claims for the prior 5 years; or check here if None;  or  See attached Loss Summary

<u>Date of Occurrence</u>	<u>Line of Insurance</u>	<u>Type/Description of occurrence or claim</u>	<u>Date of Claim</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>	<u>Claim Status</u>
						O C
						O C
						O C

Check for Claim Status: O = Open, C = Closed

## Additional Coverages

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Please indicate which of the following important additional coverage enhancements we may quote for you:

- |  |  |
|--|--|
| <input type="checkbox"/> Umbrella Liability  | <input type="checkbox"/> Key Employee Replacement Coverage |
| <input type="checkbox"/> Food Contamination & Communicable Disease Coverage          | <input type="checkbox"/> Child Abduction Coverage          |
| <input type="checkbox"/> Directors' & Officers' Liability (Non-profit entities only) |  |

## Remarks (IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER)

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**FAIR CREDIT REPORT ACT NOTICE:** An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics, and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance which this application is made. The applicant will be informed of the name and address of the consumer reporting agency that furnished the report.

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Insurance Agent's Information:

Producer's

Name: \_\_\_\_\_

Agency

Name: \_\_\_\_\_ License# \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_