



APPLICATION - DAY CARE

BUSINESS INFORMATION

1. Named Insured _____
2. Mailing Address _____
Street City County State ZIP Code
3. Location of premises: Same as mailing address
 Other _____
4. Telephone () _____ Fax () _____
5. Contract person/phone #: Inspection _____
 Accounting/Records _____
6. Business type: Individual Partnership Corporation LLC
 Trust Other _____
7. Operating as: For Profit Nonprofit Other _____
8. Interest of Named Insured in premises: Owner General Lessee Tenant Other _____
9. Part occupied by Named Insured: Entire Portion (____%) Other (*Lessor's Risk Only*)
10. Date business established _____ Years of experience _____

DESIRED TERMS AND CONDITIONS

1. Coverage desired: General Liability Professional Liability
 2. Limit of Liability Desired: \$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 Other _____
 3. Physical/Sexual Abuse: \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000
- Note: Standard coverage includes the following:**
 Damage to Premises Rented to You \$100,000
 Personal and Advertising Injury Same as Occurrence Limit
4. Medical Payments: \$1,000
 5. Effective Date Desired _____ Term Desired _____

TYPE OF FIRM

1. Type of firm: Drop-in Care All Ages Full-Time Care/No Infants - **Comm'l**
 Full-Time Care/All Ages - **Comm'l** Full-Time Care/No Infants - **In Home**
 Full-Time Care/All Ages - **In Home** Full-Time Care/Preschool - **Comm'l**
 Full-Time Care/ Infants - **Comm'l** Full-Time Care/Preschool - **In Home**
 Full-Time Care/Infants - **In Home** Full-Time Care/Sick Care
 Part-Time Care/Latch Key Programs

Description of operations _____

OPERATIONS

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Is facility licensed? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, indicate maximum number of children permitted by license in each age group: | | |
| 0 - 6 months | _____ | |
| 6 months to 2 years | _____ | |
| 2 years to 5 years | _____ | |
| Over 5 years | _____ | |
| 2. Has license ever been revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have any citations or warnings been issued? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, to either of the above questions, describe. _____ | | |
| _____ | | |
| 4. Are children accepted with: Physical, mental or emotional handicaps? | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic illnesses? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, indicate procedures/staff/equipment in place to handle. _____ | | |
| _____ | | |
| 5. a. Hours children are on premises: Monday - Friday _____ a.m. to _____ p.m. | | |
| Weekends _____ a.m. to _____ p.m. | | |
| b. Any overnight stays? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Average daily attendance: | | |
| Age | # of Children | # of Teachers |
| 1 to 6 months | _____ | _____ |
| 6 to 24 months | _____ | _____ |
| 2 to 5 years | _____ | _____ |
| 5 years + | _____ | _____ |
| 7. Do you provide temporary "drop-in" care? | <input type="checkbox"/> | <input type="checkbox"/> |

PREMISES

1. Is the facility located in a mobile home? Yes No
 2. How often are premises inspected? _____ By whom? _____
Date of last inspection. _____
 3. What floors, other than ground level, are open to children? (e.g. basement) _____
For what use _____
 4. a. Condition of: Stairways Good Fair Poor No Stairway
 Stairway carpeting Good Fair Poor Not Carpeted
 Is stairwell lit? Yes No
 - b. Safety procedures in event of fire _____
 5. Safety equipment on premises: Smoke Detectors Sprinklers Fire Extinguishers
 Other _____
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 6. a. Are there pets on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list type _____ | | |
| b. Are pets separated from the children? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any natural bodies of water on or in close proximity to the premises (rivers, lakes, ponds, streams)? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 8. a. Is the play area fully enclosed by a fence? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the play area contain a gate with a self-closing device? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are there any trampolines? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are there any swimming pools or swimming facilities on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is any equipment on hard surfaces, such as concrete or asphalt? | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of surface used under the playground equipment _____ | | |
| f. List and describe all play equipment. _____

_____ | | |
| g. How often, and by whom, is playground equipment checked? _____ | | |

EMPLOYEE AND VOLUNTEER PROCEDURES AND STAFFING

- | | | |
|--|--------------------------|--------------------------|
| 1. Number of attendants on duty at all times _____
<i>Attach a full description of education, background, qualifications of each attendant.</i> | | |
| | Yes | No |
| 2. Are the following checked on employees and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal References | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous Employers | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal Background | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are records kept of all items checked (references, background checks, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is staff trained in First Aid?
Describe training. _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |

RISK MANAGEMENT

- | | | |
|---|--------------------------|--------------------------|
| 1. What procedures exist for: | | |
| a. Accidents, medical treatment, notification to parents _____ | | |
| b. Dispensing of prescribed medications _____ | | |
| c. Illness _____ | | |
| | Yes | No |
| d. Are any services subcontracted (transportation, maintenance, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are there any screening procedures in place for subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there written procedures/guidelines regarding discipline? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are they communicated to the parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are they reviewed with staff and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there written procedures/guidelines regarding abuse issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are they reviewed with staff and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are they reviewed with parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are any field trips or activities conducted away from premises?
If yes, fully describe, including the estimated number of trips and/or activities.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are parents required to sign "permission" forms for each field trip? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mode of transportation used for trips _____ | | |
| 5. Are any special instructions such as dance, tumbling, swimming, horseback riding, etc. provided?
If yes, fully describe. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

6. Are all incidents reported to your insurer? Yes No

Number in past 12 months _____

Describe procedures _____

PREVIOUS EXPERIENCE

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. a. Have you or any partner, officer, director, or employee ever been the subject of disciplinary action by a regulatory authority as a result of their professional activities?
If yes, explain. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have any claims been filed, or are you aware of any incidents involving physical or sexual abuse that could lead to a claim? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are procedures in place for reporting incidents? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are procedures communicated to and reviewed with the staff and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |

2. MISSOURI APPLICANTS: DO NOT ANSWER THIS QUESTION.

Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years?

Yes No *If yes, give name of company, date and reason.*

PRIOR CARRIER INFORMATION FOR THE PAST THREE YEARS

Year	Carrier	Policy Number	Coverage	Check if Claims-Made	Premium
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

3. Provide the following information for all claims, suits, or incidents which may give rise to a claim for the past five years. *Attach separate sheet if necessary.*

Dates (Month/Year)	Allegations	Amount	Paid	Reserve
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.