

SECURITY:

1. Does the insured have a written emergency evacuation plan in effect? Yes No
2. How often are evacuation drills performed?
3. Please describe your child release procedures:

4. Have you ever received any citations or warnings issued by any state or governmental entity? Yes No
 Explain:

STAFF AND CHILDREN: (The ratios of staff-to-children must be at least the state required ratio)

1. Based on the **maximum number** of children enrolled on your **busiest** day OR busiest session, enter the numbers of staff and children in each of the following age groups. (Do not duplicate pre and after school children if they stay all day)

CHILD AGE GROUP	# OF CAREPROVIDERS		# OF CHILDREN	# OF CHILDREN
	MALE	FEMALE		
Less than 18 Months				
18-30 Months				
30 Months – 4 Years				
Above 4 Years				
Preschool (only)			Enter in cell to right→	
After school (only)			Enter in cell to right→	

2. Are any **staff** less than 18 years old? Yes No
(Indicate specific duties for each on a separate document.)
3. Do you use any volunteers? Yes No
(Indicate specific duties for each on a separate document.)
4. Is a minimum of one staff member certified in First Aid present at all times? Yes No
5. Is a minimum of one staff member certified in CPR present at swimming areas? Yes No

HEALTH:

1. Do you provide **sick child, drop in, latch-key, boarding or camp** services? Yes No
 If yes, please explain:

2. How many children require special care and treatment?
 Please explain:

3. Indicate if a file containing the following information is maintained on each child:

Are there Immunization records of the children being immunized successfully, and updated annually?	Yes	No
Are there records for each child indicating unusual conditions the child has?	Yes	No
Are signed releases for emergency medical treatment/dispensing of medication obtained from parents?	Yes	No
Written instructions from child's physician for dispensing of child's medication?	Yes	No
4. Is food properly covered, stored and served in accordance with applicable government requirements? Yes No
5. Do you have an accident/health policy? Yes No
 Is coverage mandatory for all children? Yes No
 Provide Carrier Limits: Policy Term:

SWIMMING:

- | | | | |
|----|--|-----|----|
| 1. | Do you now use or plan, in the future, to use swimming facilities? | Yes | No |
| 2. | Is the pool you use, or plan on using, located:
On your premises or At a separate location? | | |
| 3. | Describe security of an owned pool when not in use: | | |
| 4. | How is the pool supervised? | | |
| | <i>Answer the following questions for pool to be used:</i> | | |
| | Are water depths marked? | Yes | No |
| | What is the maximum depth? feet | | |
| | Is there a diving board? | Yes | No |
| | Is there a slide into the pool? | Yes | No |
| | Is the pool area completely fenced? | Yes | No |
| | Are lifeguards present? | Yes | No |
| | Ratio of staff to child when at pools? | | |
| | Is there a self-locking gate? | Yes | No |
| | Minimum age of children allowed in the water? | | |
| | Walking surface in good shape and non-slip? | Yes | No |

PLAY AREAS:

- If you own or have access to another's playground area, complete the following questions:*
- | | | | |
|--|--------------------------------------|-----|----|
| | Is the area fenced? | Yes | No |
| | Are any trampolines present? | Yes | No |
| | Do you separate age groups? | Yes | No |
| | Is the equipment checked for safety? | Yes | No |
| | Describe playground surface: | | |

FIELDTRIPS AND OFF PREMISES TRAVEL:

- | | | | |
|----|---|-----|----|
| 1. | Are field trips taken (or do you anticipate field trips during the next 12 months)? | Yes | No |
| | If yes, answer the following: | | |
| 2. | Describe field trips. | | |
| 3. | Do you travel off premises for other events such as fundraising events? | Yes | No |
| 4. | Describe those trips. | | |

SPECIAL ACTIVITIES:

- | | | | |
|----|---|-----|----|
| 1. | Are any pets or animals kept on premises? | Yes | No |
| | Describe animals, caging and type of interaction: | | |
| 2. | Are special classes provided? (Gymnastics, Dance, Karate, Tumbling, Horseback Riding, etc.) | Yes | No |
| | If yes, please explain: | | |
| 3. | Are special classes taught by an independent contractor on your premises? | Yes | No |
| 4. | Do you request/maintain Certificates of Insurance from all Sub- Contractors? | Yes | No |
| 5. | Do you have any operations other than child care? | Yes | No |
| | Please describe: | | |

AUTOMOBILE:

- | | | | |
|----|---|-----|----|
| 1. | Are all vehicles titled in the business name? | Yes | No |
| 2. | Do you provide regular transportation for children? | Yes | No |
| | Maximum distance: Miles. | | |

THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
 If "no", provide an explanation:

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
- Any disciplinary action by any regulatory agency or association? Yes No
 Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
 Any other criminal actions? Yes No

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:
 U.S. based employees:
 Total Full-Time: Total Part-Time:
 Volunteers: Temporary:
 Leased: Total Non U.S. based employees:
TOTAL SUM OF ABOVE:
2. Is any reduction of employees or change of status anticipated in the next year?
 Voluntary: Involuntary: Layoffs:
3. Does the Applicant have an employment handbook? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advise? Yes No

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION:

- With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? **(Not Applicable in Missouri)** Yes No
If yes, please provide details:

- As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below:

- Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy and for the purposes of the Directors & Officers Liability and Employment Practices Liability coverage this application will become a part of the policy and is incorporated by reference.

Name (Please Print)

Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: 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."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date:
Agent Signature: _____ Date: