



ALL RISKS, LIMITED
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**Day Care Application
 GENERAL INFORMATION**

**Please note: The following types of Day Care facilities are ineligible for this program:
*In-home childcare, drop in centers, centers catering to special needs children, centers that provide sick childcare as part of their regular operation, group homes, adult daycare centers with overnight facilities and summer camps unless affiliated with year round childcare. This application becomes part of the policy and serves as a warranty of the information provided.***

1. Name _____
 (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address _____
 No. Street City County State Zip Code

3. Please make certain additional locations are on ACORD forms.

4. Inspection Contact _____ Phone () _____
 Audit Contact _____ Phone () _____
 Claims Contact _____ Phone () _____

5. Telephone () _____ Fax () _____

6. Website _____ FEIN _____

7. Date established _____ Sole Proprietor Partnership Corporation LLC Other

8. Policy proposed effective date _____ to _____

9. Current coverage expires/expired on _____

10. Check GL occurrence limit of liability desired: \$1,000,000 Excess GL limit: \$1,000,000 \$2,000,000

11. Check limit for child molestation and abuse: \$100,000/\$100,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

12. Check limit for teacher's professional: \$100,000 \$500,000 \$1,000,000

13. Day Care located in: Commercial Building _____ Single Family _____ Other _____
 List any other occupancy in the same building _____
 Age of building: _____ If over 25 years old, list updates to building: _____
 Total Square Footage of Childcare Center: _____ # of Floors: _____ # of Stairwells: _____ # of Exits: _____

14. License #: _____ (attach copy) License capacity: _____
 Has license ever been suspended or revoked _____ If yes, please explain _____

15. Current Enrollment _____ Avg # of children per day: _____ Hours of operation: _____
 # Children in pre-care/aftercare only _____ # Children in Summer camp only: _____
 # Children in pre-care/aftercare & Summer camp only _____

16. a. Enrollment Information –enter **Maximum** number of children/staff at any one time

Age Ranges	# of Children	Total # of Staff
Newborn to 3 years		
3 to 5 year olds		
5 to 9 year olds		
9 and over		
Total		

- b. What is the total number of full time staff including volunteers? _____ Total Part-time? _____
 c. What is the total number of volunteers only? _____
 d. How many of the staff members (including volunteer) are under the age of 18? _____

17. What background do the principals of this organization have in the Day Care Industry **(check all that apply)**
 High School or equivalent degree # of years experience in industry _____
 College Degree or Certified in Childcare Education Trained in CPR/First Aid

18. Pre-employment Screening procedures for employees and volunteers **(check all that apply)**
 Employment Application Criminal Background checks Drug/Alcohol testing
 Sex Offender Search Driving record Fingerprint Check
 Verification of Education Personal References Other _____

19. a. Has the facility, any employee, or any volunteer had an incident that resulted in an allegation of sexual or physical abuse? Yes No
 b. Has any employee, or any volunteer had been convicted of a felony? Yes No
 If yes to either of these questions, please describe: _____

20. Training program consists of **(check all that apply)**:
 Recognizing child/sexual abuse First Aid CPR Accident Report/investigation
 Written procedures or manual Fire Drills Prohibiting Corporal Punishment
 Driver safety Discipline policy Biohazard Awareness Conflict Resolution Other _____

21. Is a certified day care professional present whenever the owner is away from premises? Yes No

22. One staff member is trained in pediatric first aid and/or infant/child CPR present at all times? Yes No

23. All staff members under the age of 18 are supervised/monitored at all times? Yes No

24. Has the local fire, safety and/or Health Authorities inspected premises within the last year? Yes No
 Were there any violations or citations? Yes No

If yes, please describe _____

Does facilities comply with all zoning and fire codes? Yes No

Facility maintains housekeeping on premises and in buildings Yes No

Are there multiple means of Egress? If yes, how many? _____ Yes No

Are video cameras utilized on premises? Yes No

25. Is there a formal written emergency or security plan? Yes No
 Is there a formal evacuation plan? Yes No

Is there 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

26. Does your facility have a separate area for children who become sick after arrival? Yes No
 If yes please explain in detail _____
- a. Does facility maintain records of all medical history and immunizations? Yes No
 b. Are releases obtained from parents for dispensing medications and emergency care? Yes No
 c. If dispensing medications do you require written instructions from a physician? Yes No
 d. Medication is kept in its original container/package? Yes No
 e. Is an administration log or record maintained of all dispensed medications? Yes No
 f. What procedures are in place to notify parents of accidents, illness or need of medical treatments? _____

27. Child release protocol consists of:
- written authorization list sign out sheet ID checked prior to release
 Call to parent when unfamiliar person comes to pick up child Other _____

28. If facility has a playground area:
- a. Is play area fenced by a minimum barrier of 4 ft? Yes No
 b. Does the playground equipment meet all safety requirements? Yes No
 c. Are swings, slides and climbing equipment permanently installed? Yes No
 d. Are regular maintenance and routine inspections performed on the equipment? Yes No
 e. What is the maximum height of the playground equipment? _____
 f. What type of ground cover is used under the equipment? _____
 g. Are trampolines available for use? (prohibited) Yes No

29. List all pets on premises _____

30. a. Does your facility use microwaves to warm baby bottles? Yes No
 b. Does your facility use bottle warmers to heat baby bottles? Yes No
 c. Is any cooking or food prep (other than bottle warming) done on premises? Yes No
 If yes, describe in detail _____
 d. Is cooking or food prep done in a separate area inaccessible to children? Yes No
 If no, describe in detail _____

31. Field Trip procedures include **(check all that apply)**:
- Written consent obtained from parent or guardian Minimum age of 3 or higher
 Central list maintained of all participants Head counts/roster checks
 Final head count/sweeps Badges/identification worn

Staffing Ratios during trips _____

Number of field trips annually _____

Describe types of field trips _____

32. Does your facility transport children? Yes No **(Check all that apply)**:
- Daily Pick-Up / Drop-Off from child's home School Shuttle (Aftercare, Pre-care) Field Trips
 Other (Please describe) _____

If facility owns any vehicles or transports any children, please answer the following questions:

- a. Does facility have a driver safety program in place? Yes No
 b. Does facility have a written maintenance program in place? Yes No
 c. Are MVR's run on pre-hire and annually on all employees? Yes No
 d. Are you aware of any current employee with more than one moving violation or at fault accident, suspended/revoked license in the past three years? Yes No
 e. Do employees transport children in their vehicles? Yes No
 If yes, are C.O.I. required and kept on file? Yes No
 f. Does facility allow drivers under the age of 21 to transport children? Yes No
 g. Does facility allow drivers to use company vehicles for personal use? Yes No
 h. Does facility own a 15 passenger van? Yes No
 If yes, how many _____ Have they been modified to reduce rollover? Yes No

33. a. Does the facility have a swimming pool or water exposure on premises: Yes No
 Bodies of Water (lakes, streams, ponds, etc) on property In ground Pool
 Wading Pool (less 18 inches) Above Ground
- b. Does the facility transport children to off site swimming pools or water exposures: Yes No
- c. Safety procedures during all water or swimming activity include **(check all that apply)**:
 Pool depths clearly marked Certified life guards utilized Life Safety Equipment at Poolside
 Max depth _____ Slides or diving boards Parental authorization
 Enclosed by 4ft fence with self locking gate Staffing ratios during water activity: _____
34. Are special classes (Dance, Gymnastics, music, sports, etc) provided by outside vendors? Yes No
 If yes, please describe _____
 If yes, are C.O.I. secured evidencing limits of at least \$1 mil from independent contractors? Yes No
 Is the facility named as an Additional Insured on all independent contractors policies? Yes No

Current General Liability Information

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR -	YR -	YR -	YR -	YR -
Carrier					
Premium					
# children					
Losses					

2. Has any company canceled or declined to renew in the past 5 years? Yes No
 If yes, please explain: _____
3. Has the insured ever had a lapse in coverage? Yes No
 If yes, please explain: _____

Claim Information

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)
2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? Yes No
3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? Yes No

ALL RISKS, LTD.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLEY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPAN OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

 Name (type or print) Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

 Name (type or print) Signature Date License #