



**In-Home Day Care Application**

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. Contact Information \_\_\_\_\_ Phone ( ) \_\_\_\_\_

5. Date established \_\_\_\_\_ 6. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_

7. Check limit of liability desired:  \$100,000  \$300,000  \$500,000  \$1,000,000

8. Check limit for child molestation and abuse:  \$25,000/\$50,000  \$50,000/\$100,000  \$100,000/\$300,000

9. Does owner reside on premise: \_\_\_\_\_ List any other occupancies in the same building \_\_\_\_\_

10. Does the Facility comply with all zoning and fire codes?  Yes  No

11. License #: \_\_\_\_\_ (attach copy) License capacity: \_\_\_\_\_  
 Has license ever been suspended or revoked \_\_\_\_\_ If yes, describe in detail \_\_\_\_\_

12. Does In-home daycare offer any of the following services: drop in centers, centers catering to special needs children, group homes, adult daycare centers, summer camps and centers that provide sick childcare as part of their regular operation?  Yes  No

13. Current Enrollment \_\_\_\_\_ Avg # of children per day: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

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

Age Ranges	Number of Children	Number of Staff	Staff 18 or under
New born to 3			
3 to 5 year olds			
6 to 9 year olds			
10 and over			
Total			

15. Indicate # of years experience owner has in Day Care industry \_\_\_\_\_

16. Has the owner or anyone residing in the home been convicted of a misdemeanor, felony or any allegation of sexual or physical abuse?  Yes  No

17. Pre-employment Screening procedures for employees and volunteers (**check all that apply**)  
 Criminal Background checks  Drug testing  Sex Offender Search

18. Does in-home day care have a policy prohibiting corporal punishment?  Yes  No

19. Has in-home day care had an incident which resulted in an allegation of sexual or physical abuse?  Yes  No

20. Is a certified day care professional present whenever the owner is away from premises?  Yes  No
21. One staff member is trained in pediatric first aid and/or infant/child CPR present at all times?  Yes  No
22. Are all staff members who are under the age of 18 supervised at all times by a staff member who is 18 years old, or older?"  Yes  No
23. Are releases obtained from parents for dispensing medications and emergency care?  Yes  No
- a. Medication is kept in its original container/package?  Yes  No
- b. Is an administration log or record maintained of all dispensed medications?  Yes  No
- c. Does the facility maintain records of all medical history and immunizations?  Yes  No
24. Child release protocol consists of **(check all that apply)**:
- written authorization list  sign out sheet  ID checked prior to release
- Call to parent when unfamiliar person comes to pick up child  Other \_\_\_\_\_
25. If in-home day care 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. What type of ground cover is used under the equipment? \_\_\_\_\_
- d. Are trampolines available for use? **(prohibited)**  Yes  No
26. List all pets on premises **(animal exclusion)** \_\_\_\_\_  
Describe how they are kept away from children? \_\_\_\_\_
27. Does your in-home day care use microwaves to warm baby bottles?  Yes  No
28. Does in-home day care have a Swimming or water exposure? **(prohibited)**  Yes  No
29. Does in-home day care entertain renters or borders?  Yes  No

### Claim Information

1. Has any company canceled, non-renewed or declined to renew in the past 5 years?  Yes  No  
If yes, please explain: \_\_\_\_\_
2. Does In-Home Day Care 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
3. Has In-Home Day Care had any claims filed against you in the last 5 years?  Yes  No  
If yes, please describe in detail \_\_\_\_\_

### ALL RISKS, LTD.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY 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
<p><u>NOTICE TO PRODUCERS</u>: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.</p>		
Name (type or print)	Signature	Date
		License #