



Child Care Complete Application
 P.O. Box 440549, Kennesaw, GA 30160
 Telephone: (678) 290-2100 Fax: (678) 290-2200
 Email applications to: news@markelcorp.com
 Website: markelinsurance.com



Child Care Complete

Markel Agent Number: _____

Agent Address: _____

Agent Name: _____

City: _____

Phone No: _____ Fax No: _____

State: _____ Zip Code: _____

Submission # _____

BASIC INFORMATION:

Proposed Effective Date: _____

Named Insured: _____ DBA: _____

(If multiple named insureds, please complete the Named Insured Schedule)

Mailing Address: _____

Website Address: _____ Email Address: _____

Primary Contact Name: _____ Phone: _____ Fax: _____

Loss Control Contact Name: _____ Phone: _____ Email: _____

Type of Entity: Corporation Individual Partnership Joint Venture LLC Other: _____

BUSINESS INFORMATION:

Date business started under current ownership: _____

If you have been in business less than 3 years include a copy of your resume, financials or a bank letter of credit.

Any operations other than childcare? Yes No If yes, explain: _____

Any bankruptcies, tax or credit liens against you in the last 5 years? Yes No

If yes, explain: _____

Does your employment application include questions regarding convictions of any crimes, including sex-related or child abuse offenses? Yes No If no, explain: _____

Do you conduct criminal background investigations on all employees and volunteers? Yes No

If no, explain: _____

Do you offer field trips? Yes No

Are any field trips overnight? Yes No If yes, please explain: _____

Average number of field trips each year for all locations: _____

(If more than 12, please answer the following questions:)

Is an attempt made to obtain release forms from both parents/guardians for each trip whenever possible? Yes No

Are staff to child ratios maintained or increased for trips? Yes No

Are all children required to wear an identification badge? Yes No

Please describe types of field trips: _____

Please explain any question answered No: _____

Do you want Crime coverage? Yes No (If Yes, please submit Crime Acords.)

LIABILITY LIMITS & COVERAGE (per occurrence limit/ aggregate limit):

General Liability Limit (choose one):

- \$1,000,000 / \$3,000,000 \$1,000,000 / \$2,000,000 \$500,000 / \$1,500,000
 \$500,000 / \$500,000

Abuse Liability Limit (choose one):

- \$1,000,000 / \$1,000,000 \$500,000 / \$1,000,000 \$500,000 / \$,500,000
 \$100,000 / \$300,000

Extension of Abuse Coverage to others:

- Abuse with Employees and Volunteers Abuse with Employees N/A

Do you want \$5,000 of Medical Payments coverage for your childcare children? Yes No

If yes, is there a Student Accident policy currently in effect? Yes No

Employee Benefits Liability: Retro Date: _____ Annual WC Payroll: _____ Deductible: _____

Limit: N/A \$1,000,000 / \$3,000,000 \$1,000,000 / \$ 2,000,000
 \$1,000,000 / \$1,000,000 \$500,000 / \$1,500,000

Stop Gap Limit (Available in ND, OH, WA, WY only) (choose one): Total Payroll: _____

- N/A \$1,000,000 / \$1,000,000 / \$1,000,000 \$500,000 / \$500,000 / \$500,000
 \$100,000 / \$500,000 / \$100,000

Submission #:

ChildCare Complete Application
Named Insured Schedule

Name: _____

Form of Business: _____ More than 50% common ownership? Yes No

Name: _____

Form of Business: _____ More than 50% common ownership? Yes No

Name: _____

Form of Business: _____ More than 50% common ownership? Yes No

Name: _____

Form of Business: _____ More than 50% common ownership? Yes No

Name: _____

Form of Business: _____ More than 50% common ownership? Yes No

Name: _____

Form of Business: _____ More than 50% common ownership? Yes No

Submission # _____

**Child Care Complete Application
Liability Information**

(A Copy of this Page is Required for Each Location)

Location # _____

Location Address: _____

Is this location a For-Profit or Not-For-Profit Organization? For Profit Not For Profit

Describe the operations at this location:

- Childcare Center Before/After Childcare Montessori Headstart PreK Nursery Childcare
- Parent CoOp Childcare No Childcare at this location
- Drop In Childcare Percentage of Drop In Care: 25% or less 25% to 50% 51% to 75% 76% to 100%
- Sick Childcare Explain care provided: _____

Which best describes the building you occupy?

- Basement in residence Multiple Occupancy Building Church Building Converted Dwelling
- Single Occupancy Building School Building Strip Mall Other: _____

Do any of the following apply to this location? Check all that apply:

- Building Leased to Others Square Footage Leased: _____
Is this building maintained by the insured? Yes No
- Office (Separate from Childcare) Square Footage _____
Is this building occupied by the insured? Yes No
- School - Private - Kindergarten Number of Private School Students: _____
- Vacant Land Number of acres: _____
- Warehouse (Separate from Childcare) Square Footage _____
Type: Private Mini Warehouse
 Other: _____

Are all childcare operations at this location licensed? Yes No

(If yes, complete the licensing supplemental and provide a copy of your license)

If no, explain: _____

Non-Licensed Childcare Average Daily Attendance: _____

Are you accredited by NAEYC? Yes No

Are you accredited by NECPA? Yes No

Are you accredited by NAC? Yes No

Are you accredited by any other organization? Yes No If yes, explain: _____

Are your hours of operation more than six hours a day? Yes No

Do you provide overnight care? Yes No

(if yes, complete the Overnight Care section of the Miscellaneous Care Supplemental)

What is your average daily number of infants (18 mths and younger)? _____

Are children with special needs cared for at this location? Yes No

(if yes, complete the Special Needs section of the Miscellaneous Care Supplemental)

Do you have a swimming pool on premise? Yes No (if yes, complete the Water Activities Supplemental)

Are any swim or water activities provided at any off-premises pools, oceans, lakes or water parks? Yes No (if yes, complete the Water Activities Supplemental)

Is there a playground at this location? Yes No (if yes, complete the Playground Supplemental)

Is this location adjacent to potentially hazardous exposures? Yes No

If yes, describe: _____

Do you sponsor any special events or fundraising events? Yes No

(if yes, complete the Special Events section of the Miscellaneous Care Supplemental)

Submission #

**Child Care Complete Application
Property Information**
(A Copy of this Page is Required for Each Structure)

Location # _____ Building # _____

Location Address: _____

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Coinsurance: 80% 90% 100%

Wind/Hail Deductible: N/A Excluded Percentage Flat

Percentage Deductible: 1% 2% 5%

Flat Deductible: \$5,000 \$10,000 \$25,000 \$50,000

Provide the purpose of this structure:

Childcare Facility Building Leased to Others Office Storage Warehouse Other: _____

Fence Description of Fence: Metal or Masonry Wood

Sign Description of Sign: Entirely Metal Other

Playground Equipment Description of Playground Equipment: Metal or Masonry Wood

Awning or Canopy Description of Awning or Canopy: NonCombustible Other than NonCombustible

Special Class - Other: _____

Is the building you occupy built specifically for childcare operations? Yes No

Year Built: _____

If building is over 20 years old, has the building been updated (including roof and plumbing) within the past 20 years? Yes No

If no, please explain: _____

Construction Type:

Frame Joisted Masonry Non-Combustible Masonry Non-Combustible

Modified Fire Resistive Fire Resistive

Do you own the building at this location? Yes No

Is the building Sprinklered? Yes No

Building Square Footage: _____

Is this structure a trailer, modular or prefabricated building? Yes No

Number of Stories: _____

Coverage	Limit	Valuation (RC or ACV)	Inflation Guard	Earthquake (Yes/No)
Building				
Personal Property of the Insured				
Tenants Improvements & Betterments				
Business Income			N/A	
Fence			N/A	
Sign			N/A	
Playground Equipment			N/A	
Awning or Canopy			N/A	

Does a separate Business Income Coinsurance apply? Coin % _____

Business Income Monthly Limit of Indemnity: None 1/3 1/4 1/6

Submission #

**Child Care Complete Application
Licensing Supplemental**
(A Copy of this Page is Required for Each Location)

Location # _____

Location Address: _____

Expiration Date of License: _____

Is the license currently suspended or revoked? Yes No

Licensed Capacity: _____

Average Daily Attendance (based on twelve months): _____

Date of the most recent state inspection : _____

Are there any citations for any violations in the most recent state inspection? Yes No

If yes, Please indicate the type of State Inspections Violations that apply to the most recent inspection (check all that apply):

Background Checks: Yes No

Child to Staff Ratios: Yes No

Fire Drills: Yes No

Playground Cover: Yes No

Inappropriate Discipline of Children: Yes No

Transportation: Yes No

Any other violation which may result in the harm of a child: Yes No

If you answered yes to any of the above, explain each violation and provide corrective action taken:

Do your Staff to Child ratios meet the following Carrier minimum ratios listed below? (**Only applies if the location is in AR, GA, KY, LA, MS, NM, TX**)

Infants 0-1 Years, Staff/Child 1:5 Yes No

Toddlers 1-2 Years, Staff/Child ratio 1:7 Yes No

Toddlers 2-3 Years, Staff/Child ratio 1:12 Yes No

Preschoolers 3-5 Years, Staff/Child ratio 1:18 Yes No

School Age 5 + Years, Staff/Child ratio 1:25 Yes No

Submission #

Child Care Complete Application
(A Copy of this Page is Required for Each Location)

Location # _____

Location Address: _____

Water Activities Supplemental

Please select any types of "off premises" water exposure that apply:

- Public Pool Private Pool Wading Pool (defined as any pool with normal depth of 18 inches or less)
- Lake Ocean Waterpark - Number of trips to the water park per year: _____

Do you maintain the same Staff/Child ratio on trips as you do in the classroom? Yes No

Provide complete details including frequency, ages, name of venue and all safety precautions taken at all off-premises pools, oceans, lakes or water parks:

For on premises swimming pools:

Number of pools at this location (do not include wading pools with a normal depth under 18 inches): _____

- Use of Pool: Operated year round Operated less than 12 months
- If operated less than 12 months, how many months is the pool used? 3 months or less More than 3 months
- If operated less than 12 months, what is the percentage of supervised activities? More than 40% 40% or less

Are all swimming pools and in-ground wading pools completely fenced with at least a four foot fence with self-locking gates? Yes No

Do all swimming pools meet Department of Environmental Resources or equivalent standards for water quality? Yes No

Do all pool drains and grates have covers in place and are they in compliance with Graeme Law? Yes No

For all water activities:

- Are all activities staffed with certified life guard(s)? Yes No
- Is the Staff always present at the water activities and are they trained in water safety including CPR? Yes No
- Are permission slips including waiver of subrogation obtained for all children participating in the water activities? Yes No
- Are children allowed to use water slides and/or diving boards? Yes No
- If yes, are the water slides and/or diving boards located in a water park? Yes No

Playground Supplemental

Does the facility have its own play area? Yes No

Is the play area fenced? Yes No

Please indicate the type of surface under the play equipment:

- Asphalt Cement Course Sand Double Shredded Mulch Engineered Wood Fibers Fine Gravel
- Fine Sand Medium Gravel Shredded Tires Wood Chips Other: _____

Please select the depth of the playground surface, in inches: 1-5 inches 6-9 inches 10-12 inches

Was the 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:

- Daily Weekly Monthly Every Other Month Quarterly Semi Annually Annually

Does the center have playground equipment with a primary platform over 6 feet high and/or any apparatus over 8 feet high? Yes No

Submission # _____

**Child Care Complete Application
Miscellaneous Care Supplemental**
(A Copy of this Page is Required for Each Location)

Location # _____

Location Address: _____

Overnight Care Supplemental

Explain the additional hours of operations:

Is the staff required to stay awake all night? Yes No

Is the facility kept locked and well lighted? Yes No

Are only authorized persons allowed to come inside the facility and pick up children? Yes No

Are children under 5 years old allowed to sleep in the same room with older children? Yes No

Are children over 5 years old allowed to sleep in the same room with children of the opposite gender? Yes No

Are staff to child ratios maintained during the overnight hours? Yes No

Special Needs Supplemental

How many children are special needs? _____

Is someone on your staff trained to care for these children? Yes No

Is physical therapy provided? Yes No

Is an aide assigned to accompany the child? Yes No

Please describe the disabilities and special arrangements to care for these children:

ChildCare Complete Application

Submission #:

Additional Interest Schedule

Location #: _____

Name: _____ Additional Insured Loss Payee Both

Address: _____ City: _____ State: ____ Zip: _____

Interest is (choose one): Mortgagee Lender's Loss Payee
 Loss Payee Building Owner Other: _____

Location #: _____

Name: _____ Additional Insured Loss Payee Both

Address: _____ City: _____ State: ____ Zip: _____

Interest is (choose one): Mortgagee Lender's Loss Payee
 Loss Payee Building Owner Other: _____

Location #: _____

Name: _____ Additional Insured Loss Payee Both

Address: _____ City: _____ State: ____ Zip: _____

Interest is (choose one): Mortgagee Lender's Loss Payee
 Loss Payee Building Owner Other: _____

Location #: _____

Name: _____ Additional Insured Loss Payee Both

Address: _____ City: _____ State: ____ Zip: _____

Interest is (choose one): Mortgagee Lender's Loss Payee
 Loss Payee Building Owner Other: _____

Location #: _____

Name: _____ Additional Insured Loss Payee Both

Address: _____ City: _____ State: ____ Zip: _____

Interest is (choose one): Mortgagee Lender's Loss Payee
 Loss Payee Building Owner Other: _____

Location #: _____

Name: _____ Additional Insured Loss Payee Both

Address: _____ City: _____ State: ____ Zip: _____

Interest is (choose one): Mortgagee Lender's Loss Payee
 Loss Payee Building Owner Other: _____

LOSS INFORMATION

Have you had any claims or losses in the past five years? Yes No

(This includes both claims that you have filed with an insurance company and losses that you did not file with an insurance company.)

Have you ever had any incidents or allegations of sexual or physical abuse? Yes No

List all losses in the past 5 years whether or not insured(Attach additional sheet if necessary):

Date of Claim	Type of Claim	Description of Claim	Open/Closed	Paid \$	Reserve \$

Is this a new venture? Yes No

If no, please provide information on your current insurance coverage for each line of business:

Expiring General Liability Insurance Company: _____ Expiring Premium: _____

Expiring Property Insurance Company: _____ Expiring Premium: _____

Expiring Auto Insurance Company: _____ Expiring Premium: _____

Is your current coverage being non-renewed? Yes No

If yes, why? Carrier no longer writing this coverage Loss History Other:

**Child Care Complete Application
Business Auto Supplement**

Auto Accord applications including all state specific UM/UIM and PIP forms are also required.

FEIN/Social Security Number: _____

Are your vehicles ever used to transport persons other than your center's children? Yes No

If yes, explain: _____

Do you provide transportation other than to/from school/field trips? Yes No

If yes, explain: _____

Are all the vehicles on the vehicle schedule titled to or leased to the named insured? Yes No

If no, explain: _____

What is the estimated average annual mileage per vehicle? _____

Do you allow drivers under the age of 21 to transport children? Yes No

If yes, explain: _____

Do you allow drivers over the age of 70 to transport children? Yes No

If yes, explain: _____

Which of the following controls do you have in place to prevent a child from being left in your vehicle:

Headcount at departure & return to center: Yes No

Headcount upon vehicle exit: Yes No

Headcount while at destination: Yes No

Written procedures: Yes No

Other: Yes No Describe: _____

What is the estimated percentage of personal use of each vehicle used to transport your children?

0 to 10% 11% to 25% 26% to 50% Over 50%

If over 25%, describe the personal use: _____

Questions for Private Passenger Type Vehicles Only

Is/are the Private Passenger vehicle/s used to transport children? Yes No

What is the estimated percentage of personal use per Private Passenger vehicle? 0 to 10% 11% to 25% 26% to 50% Over 50%

Does the primary driver of this/these vehicle/s have their own personal auto insurance? Yes No

Who is the primary driver of this vehicle? _____

Do any individuals under the age of 21 have access to this/these private passenger vehicle/s? Yes No

Please wait...

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Submission #

Child Care Complete Application

Special Events Supplemental

Does your current license cover this event or do you have a special license specific to this event? Yes No

Type of Event: _____

Number of Participants: _____

What is the location of the event? _____

Planned Activities:

Expected Revenue: _____

Length of Time: _____

Will liquor be served at the event? Yes No

Do you obtain Certificates of insurance from all vendors? Yes No

Do you rent the facility to others? Yes No

Submission: _____

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

APPLICABLE IN FLORIDA and OKLAHOMA

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 (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicant's Signature: _____
Title: _____

Date: _____

Producer's Signature: _____

Date: _____