

**H. R. KELLER & CO., INC.**  
**1520 SHERIDAN DRIVE**  
**BUFFALO, NEW YORK 14217**  
**716-874-1644 (800) 424-2202 Fax: 716-874-4920**

## **COMMERCIAL CHILD DAY CARE SUBMISSION CHECKLIST**

Please be certain that answers to the following items are included on your application. By doing so, we will be able to expedite the underwriting and pricing of your account. All applicable applications have to be fully completed and signed prior to binding.

- 1) Copy of current day care license
- 2) Description of Child Release and confirmation that the center requires proof using Photo ID.
- 3) Type and depth of play ground surface ex: (sand, pea gravel, rubber matting, etc.)
- 4) Field trip info: where, how often, etc. and minimum age allowed on trips.
- 5) Description of hiring requirements (min age hired and background checks)
- 6) If pets are on premises, describe handling procedures
- 7) Baby bottle info: how they are warmed, where and safety precaution taken
- 8) What kind of special needs or classes are offered?
- 9) Fire extinguisher/smoke detector info.
- 10) Emergency drill information
- 11) Age required for swimming and swim ratio
- 12) Current list of drivers if applicable (confirm drivers age- minimum if 23 yrs old)
- 13) Photo of vehicles if applicable
- 14) Left, right and rear exposures
- 15) Year of building updates
- 16) If new venture, the following is required, financial statement, business plan, resume of owner and Teachers

CHILD CARE APPLICATION

Producer Name: \_\_\_\_\_  
Producer Address: \_\_\_\_\_ Date: \_\_\_\_\_

BASIC INFORMATION

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

All Named Insureds \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there more than 50% common ownership between all named insureds?  Yes  No

Mailing address: \_\_\_\_\_

Loc 1 Address: \_\_\_\_\_

Loc 2 Address: \_\_\_\_\_

Loc 3 Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Loss Control Contact Name: \_\_\_\_\_ Loss Control Contact Phone #: \_\_\_\_\_

Type of legal entity  Individual  Partnership  Corporation  Joint Venture  LLC  Not for Profit Organization

Type of childcare Operations:  Center  Headstart  Montessori  Sick Child  Before/After School

Special Needs  Nursery/PreK  Parent Coop

Greater than 50% Drop-in

Do you have operations other than childcare?  Yes  No

If yes explain: \_\_\_\_\_

Date business started under current ownership: \_\_\_\_\_

**If you have been in business less than two years, include a copy of your resume, financials or bank letter of credit, and a formal business plan.**

Is this a renewal?  Yes  No Current Carrier: \_\_\_\_\_

Is this policy being non-renewed?  Yes  No Reason: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_ GL: \_\_\_\_\_ Prop: \_\_\_\_\_ Auto: \_\_\_\_\_

List all losses in the last five years:

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

Have you had any bankruptcies, tax or credit liens against you in the last 5 Years?  Yes  No

If yes explain: \_\_\_\_\_

GENERAL INFORMATION

Are you accredited by: NAEYC:  Yes  No NECPA:  Yes  No

What is your licensed Capacity: Loc 1: \_\_\_\_\_ Loc 2: \_\_\_\_\_ Loc 3: \_\_\_\_\_

**Please attach a copy of your current license per location.**

What is your average daily number of infants (18 months and younger)? Loc 1: \_\_\_\_\_ Loc 2: \_\_\_\_\_ Loc 3: \_\_\_\_\_

Has your childcare license ever been suspended or revoked at any of your locations?  Yes  No

If yes explain: \_\_\_\_\_

Are you open more than 12 hours a day and 5 days a week at any of your locations?  Yes  No

If yes explain: \_\_\_\_\_

What is your average standard weekly tuition rate per child? \_\_\_\_\_

## WATER ACTIVITIES

Do you provide any type of swimming or water activities?

Loc 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	On premise pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loc 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	On premise pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loc 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	On premise pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you provide swim or water activities in the ocean or lake, or at any water parks?  Yes  No

If yes, provide complete details including frequency, ages, name of venue and all safety precautions taken:

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Are children allowed to use : (Check all that apply)

<input type="checkbox"/> Diving boards	Frequency?	_____
<input type="checkbox"/> Water trampolines	Frequency?	_____
<input type="checkbox"/> Water slides	Frequency?	_____

What is the minimum age of the children that are permitted to use the above selected water activities? \_\_\_\_\_

Are parental permission slips with hold harmless agreements in favor of the insured obtained on each child?  Yes  No

Describe all controls in place to ensure the safety of the children (I.E. life jackets, life guards at the top and bottom of the slide, etc):

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## FIELD TRIPS

What is the average annual number of field trips? \_\_\_\_\_

## PROPERTY INFORMATION

### Limits & Coverages

Loc #	Bldg #	Subject of Insurance	Limit of Insurance	Coin %	Valuation	Deductible

### Building Information

							Year of building updates if building is over 20 years old			
Loc #	Bldg #	Stories	Total Area	Construction*	Year Built	Electrical	HVAC	Plumbing	Roofing	

\* Construction Types: F=Frame FR= Fire Resistive JM= Joisted Masonry MFR=Modified Fire Resistive MNC= Masonry Non-Combustible NC=Non Combustible

Loc #	Bldg #	Roof Type	Roof Age	Sprinklered	Alarm Type*

\*Alarm Types: CF=Central Fire CB=Central Burglar CFB=Central Fire and Burglar LF=Local Fire LB= Local Burglar LFB=Local Fire and Burglar

Are any locations adjacent to potentially hazardous exposures?  Yes  No

If yes, please describe: \_\_\_\_\_

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

If yes, advise which location/s?  Loc1  Loc2  Loc3

Are you located in:  Single Occupancy Building  Church Building  Basement in residence  
 Multiple Occupancy Building  School Building  Strip Mall  
 Converted Dwelling  Other \_\_\_\_\_

**ADDITIONAL INTERESTS - PROPERTY**

Loc#	Bldg#	Name and Address	Insurable Interest

**ABUSE LIABILITY**

**Abuse Limits Desired**

Each Occurrence: \_\_\_\_\_  
 Aggregate: \_\_\_\_\_  
 Defense Each Occurrence Limit: \_\_\_\_\_  
 Defense Aggregate Limit: \_\_\_\_\_

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

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

If not, explain why: \_\_\_\_\_

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

Describe any incidents or allegation of sexual or physical abuse:  
 \_\_\_\_\_  
 \_\_\_\_\_

Was a claim made against you:  Yes  No What was the claim settlement: \$ \_\_\_\_\_

**GENERAL LIABILITY**

**General Liability Limits Desired**

General Aggregate: \_\_\_\_\_  
 Products & Completed Operations Aggregate: \_\_\_\_\_  
 Personal & Advertising Injury: \_\_\_\_\_  
 Each Occurrence: \_\_\_\_\_  
 Fire Damage Legal Liability: \_\_\_\_\_  
 Medical Expense: \_\_\_\_\_

**Employee Benefits Limits Desired**

Each Employee \_\_\_\_\_  
 Aggregate: \_\_\_\_\_  
 Retroactive Date: \_\_\_\_\_  
 Deductible: \_\_\_\_\_  
 Annual WC Payroll: \_\_\_\_\_

**General Liability Classifications**

Loc #	Class Code	Classification Description	Exposure	*Premium Basis

\*Premium Basis: U=per unit or child S=Sales A=Area

**ADDITIONAL INTERESTS - GENERAL LIABILITY**

Loc #	Bldg #	Name and Address	Insurable Interest (i.e. lessor)

## AUTOMOBILE

Your Federal Employment Identification Number is: \_\_\_\_\_

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

If yes, please explain:

\_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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

If no, please explain: \_\_\_\_\_

What is the average annual mileage per vehicle? \_\_\_\_\_

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

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

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

Do you check headcount at departure & return to center?  Yes  No

Do you check headcount upon vehicle exit?  Yes  No

Do you check headcount while at destination?  Yes  No

Do you have written procedures?  Yes  No

Describe other controls:

\_\_\_\_\_

Describe any "personal use" of all the vehicles:

\_\_\_\_\_

Do you have private passenger vehicles that are a part of this application?  Yes  No

If yes, respond to the questions below:

What is the estimated percentage of personal use per vehicle? \_\_\_\_\_

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

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

Is/are this/these vehicle/s used to transport children?  Yes  No

**FRAUD WARNINGS**

**GENERAL FRAUD STATEMENT** (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

**NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:**

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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitation 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 OKLAHOMA APPLICANTS:** WARNING: 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 UTAH APPLICANTS:** For your protection, Utah law requires the following to be included in this application:

"Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

For Florida Applicants only: Agent's Name: \_\_\_\_\_ FL License Number: \_\_\_\_\_

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Applicant's Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STONINGTON INSURANCE COMPANY  
DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the United States Terrorism Risk Act of 2002 (Public Law 107-97), as modified and extended by the Terrorism Risk Insurance Extension Act of 2005 and the Terrorism Risk Insurance Program Reauthorization Act of 2007, you now have a right to purchase insurance coverage for losses arising out of an act of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the United States Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States: to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damages within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**IF YOU ARE ISSUED THE NEW OR RENEWAL POLICY FOR WHICH THIS QUOTE IS BEING PROVIDED, STONINGTON INSURANCE COMPANY WILL PROVIDE COVERAGE FOR AN ACT OF TERRORISM AS DEFINED IN THE ACT UNLESS YOU ADVISE US IN WRITING THAT YOU DO NOT WANT COVERAGE AGAINST AN ACT OF TERRORISM BY SIGNING AND RETURNING THIS NOTICE TO STONINGTON INSURANCE COMPANY BEFORE THE EFFECTIVE DATE OF THE POLICY.**

You should know that coverage provided by a policy for losses caused by a certified act of terrorism is partially reimbursed by the United States under a formula established by United States federal law. Under the formula, the United States federal government pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. **YOU SHOULD ALSO KNOW THAT THE ACT CONTAINS A \$100 BILLION CAP THAT LIMITS THE UNITED STATES' AND STONINGTON'S LIABILITY FOR LOSSES RESULTING FROM A CERTIFIED "ACT OF TERRORISM" IN ANY GIVEN CALENDAR YEAR. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.** The premium charged by Stonington Insurance Company for coverage against an act of terrorism does not include any charges for the portion of loss covered by the United States federal government under the Act.

PREMIUM FOR COVERAGE AGAINST AN ACT OF TERRORISM: \$ 5.00.

**Please note :** If you elect to reject this offer of terrorism coverage by signing below, your rejection will not be recognized to the limited extent that the law of your state makes it mandatory that the company provide coverage against terrorism. If the law of your state, separate from the Act, requires that your policy provide coverage against terrorism, your policy will provide such coverage in accordance with and as limited by the law of your state. The portion of the premium shown above attributable to any such required state mandated terrorism coverage is \$ N/A. The amount is part of the overall premium charges for your insurance policy and as a result of the mandatory coverage, will be charged to you as premium notwithstanding any request by you to reject coverage under the Act.

**I hereby reject the option to include coverage for an act of terrorism in the policy. I understand that the policy will not provide coverage for losses arising from an act of terrorism.**

\_\_\_\_\_  
Policyholder/Applicant's Signature

Stonington Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number/Quote Number

\_\_\_\_\_  
Name of Policyholder/Applicant

\_\_\_\_\_  
Date