

# Application for Insurance with Stonington Insurance Company Zone B (NY) —Application for Family Daycare Home Liability Insurance

**MANDATORY INFORMATION—ALL questions must be answered and signature provided or application will be returned.**

## Please Print

1. Name of Provider \_\_\_\_\_
2. Name of Family Home If Different From Above \_\_\_\_\_  
\_\_\_\_\_
3. Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Telephone Number (and Area Code) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
5. Number of full time children cared for \_\_\_\_\_ Number of before/after school children cared for \_\_\_\_\_  
Note: up to two before/after school children covered at no additional charge. If two or less before/after school children are cared for, do not include for purposes of calculating your rate below.
6. Maximum number of children cared for at any given time \_\_\_\_\_
7. Are you a resident of the home where the child care is being provided? .....  Yes  No  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you in compliance with registration/certification laws in your state? .....  Yes  No

### Please provide a copy of your license/certification.

9. Has your child care license ever been revoked or suspended? .....  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Has your child care insurance been nonrenewed or cancelled? .....  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you had any claims filed against you in the last 5 years? .....  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you have any on-premises swimming facilities other than a wading pool? .....  Yes  No  
Are children in your care allowed to use them? .....  Yes  No  
Is the pool fenced on all four sides with a self-locking gate? .....  Yes  No

13. Do you own a dog? .....  Yes  No

If yes, state breed(s)\* \_\_\_\_\_

If yes, how are dogs kept away from children? \_\_\_\_\_

14. Do you have someone to back you up in the event of an emergency? .....  Yes  No

15. Do you accept any boarders in your home? .....  Yes  No

**Annual Cost—Please circle desired limit/number of children.**

Includes terrorism premium, taxes, and fees where applicable.

Liability Limits (Occurrence/Aggregate)**	1-6 Children	7-12 Children	13-18 Children
25,000/50,000/5,000	290	416	540
50,000/100,000/5,000	378	546	705
100,000/300,000/5,000	425	615	800
300,000/900,000/5,000	515	755	980
500,000/1,500,000/5,000	580	855	1,105
1,000,000/3,000,000/5,000	680	960	1,293

\* We cannot write your coverage if the breed is Rottweiler, Pit Bull, Doberman, Bull Mastiff, or mixed breed dog where the dominant breed is one of the preceding four based upon physical characteristics.

\*\* per occurrence liability limit/aggregate liability limit/medical payments limit **NOTE:** Rates are subject to change.

**NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the United States Terrorism Risk Insurance Act of 2002 (Public law 107-297) (the "Act"), effective November 26, 2002, you 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 an act of terrorism; to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damage 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 acting on behalf of any foreign person or foreign interest, 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 YOU HAVE APPLIED, STONINGTON INSURANCE COMPANY WILL PROVIDE COVERAGE AGAINST AN ACT OF TERRORISM AS DEFINED IN THE ACT, IF YOU CHOOSE TO PURCHASE THIS COVERAGE.

You should know that coverage provided by this 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 this formula, the United States federal government pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage: The \$5.00 premium charged 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.

IF YOU SUBMIT A SIGNED APPLICATION AND A POLICY IS ISSUED TO YOU, YOU WILL BE COVERED FOR LOSSES ARISING FROM AN ACT OF TERRORISM AS DEFINED IN THE ACT. IF YOU DO NOT DESIRE TO PURCHASE COVERAGE AS PROVIDED HEREIN, YOU SHOULD NOT APPLY FOR THIS INSURANCE.

I accept the above Terrorism Coverage.....  Yes  No

**Application Signature**

**Material Representation:** It is understood that all the statements in the application are the insured's representation and are material to the underwriting and acceptance of risk.

**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 violation.**

**IF YOU FAIL TO PAY THE ENTIRE PREMIUM FOR THE POLICY YOUR POLICY WILL NOT BE ISSUED.**

**Signature (Family Home Provider)** \_\_\_\_\_

Name & Telephone Number of Producer (if applicable) \_\_\_\_\_

Coverage starts upon receipt and acceptance of a fully completed application and corresponding payment. In the event that the application is incomplete and unacceptable, application and payment will be returned.