

CHILD DAY CARE QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has your license ever been revoked or suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you operate the child day care center in an apartment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you operate the child day care center in a mobile home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is there a trampoline on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there an unfenced swimming pool on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you aware of any incidents or claims involving physical or sexual abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have any employees, volunteers or family member been convicted of any violent or sexual abuse crimes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you provide hospice care or specialize in care for sick children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are kids taken to a beach, lake or public pool without lifeguards present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are children released to others besides the authorized person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the business allows overnight stays, please answer the following questions. If any question below is answered "NO," you are not eligible for coverage.

- | | | |
|---|------------------------------|-----------------------------|
| 11. Is the business locked and/or alarmed after 7:00 pm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are there at least two staff members on duty at all times and all staff are required to stay awake all night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is this a commercially operated group day care (not in-home family care)?** | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**In home family care centers that offer overnight stays are eligible in CSIC.

ELIGIBILITY INFORMATION

The following circumstances are required to be eligible for coverage:

1. The business and all professionals must have current licenses or certifications where required by state.
2. All outdoor play areas must be completely fenced to prevent a child from exiting.
3. You or any partners, officers, directors or employees must not have ever been subject to disciplinary action by a regulatory authority.
4. If there is a swimming pool on premises there must be a locked fence surrounding it.
5. The child to staff ratio must meet those required by the license or applicable laws.
6. Corporal punishment is not used as a disciplinary method.
7. Children with chronic illnesses are not accepted.
8. Must have documented procedures for dispensing medication.
9. Must have procedures for handling emergencies and illnesses.
10. Must have guidelines regarding discipline and abuse.
11. Procedures and guidelines must be communicated to the parents.
12. Procedures and guidelines must be reviewed with all staff and volunteers.
13. Screening procedures in place for all employees including criminal background checks?

I certify that all the statements in the above section are verified: Yes – I certify this

GENERAL INFORMATION

1. Are there any dogs on the premises? Yes No
 - a. Are all dogs kept separated from the children? Yes No
 - b. How many dogs? _____
 - c. What breed of dog(s)? _____
2. Are there any pools on the premises (small wading pools, above ground, etc)? Yes No
 - a. If "YES," please describe: _____
3. Do you currently enroll children with physical, mental or emotional handicaps? Yes No
 - a. If "YES," please describe procedures: _____

BUSINESS CHARACTERISTICS

1. Number of years licensed? _____
2. Number of children on license? _____
3. Are you open for more than 13 hours on any day or allow overnight stays? Yes No
4. What is the percentage of children that are in the infant age range (0-18 months)? _____%
5. Is the business operated as a drop-in center at a shopping mall for convenience? Yes No
 - a. If "YES," are all children required to pre-register and provide health records? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.



Capitol Indemnity Corporation
Capitol Specialty Insurance Corporation
Platte River Insurance Company

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date