



General Applicant Information	n						
Applicant Name							
Mailing Address							
Inspection Contact				Phone Number			
Years in Business		License Capacity			Maxim	num Daily Attendance	
Locations							
Street Address	Building Limit	Business Personal Property Limit	Square Footage	Constru Type	ıction	Year Built	Roof Age
Has Plumbing been maintaine Has Heating system been mai Is there an Automatic Fire Ala Is there a Sprinkler?	intained, updat		2				Yes
General Liability Limits	_	_	_	_	_	_	_
\$100,000/\$200,000 \$500,000/\$1,000,000	\$300,000/\$300,000 \$1,000,000/\$1,000,000		\$300,000/\$600,000 \$1,000,000/\$2,000,000		\$500,000/\$500,000 \$1,000,000/\$3,000,000		
Child Molestation and Abuse	Limits						
\$25,000/\$50,000 \$100,000/\$300,000 \$500,000/\$1,000,000	\$50,000/\$50 \$300,000/\$3 \$1,000,000/\$	00,000	\$50,000/\$100,000 \$300,000/\$600,000 \$1,000,000/\$2,000,000		\$100,000/\$100,000 \$500,000/\$500,000		
5 Year Loss History 🗆 NO PR	IOR LOSSES						
Date of Loss	Description			Status		Amount Paid	Current Reserve
Has any policy or coverage be	een declined, c	ancelled, or non	-renewed in the	past the	ree yea	us\$	Yes No No
Any Additional Insureds:	NO ADDITIONAL	. INSUREDS					
Name		Mailing Address			Interest		

U	nderwriting Eligibility		
1.	. Are functioning and operational fire extinguishers readily available?	Yes 🗌	No 🗌
2	. Has any policy or coverage been declined, cancelled or non-renewed during the prior		
	three (3) years for any premises or operations?		No 🗌
	. Does the applicant own or operate any other business?	Yes 🗌	
	. Are all locations 100% occupied?	Yes 🗌	
	. Is any location, currently or in the future, under construction or renovation?	Yes 🗌	
	Does the applicant have a 24 hour operation?	Yes 🗌	
	. Is the applicant a franchisor?	Yes 🗌	
	. Is there a swimming pool on premises?	Yes 🗌	
	. Is there any exposure to aluminum or knob and tube wiring on the premises (if built prior to 1978)?	Yes 🗌	
	. Have there been any actual or alleged incidents of child molestation or abuse?	Yes 🗌	No 🗌
11	. Has the named insured or any officer, partner, member or owner of the applicant individually had any child care license, registration, or certification revoked or suspended?	Yes 🗌	No 🗌
12	. Are all outside play areas 100% fenced? (actual fencing not natural barriers)	Yes 🗌	No 🗌
13	. Are there any wading and/or swimming pools on the premises deeper than 24 inches?	Yes 🗌	No 🗌
14	. Does the center specialize in caring for children with special needs and/or have more than 20% of their enrollment comprised of special needs children?	Yes 🗌	No 🗌
15	. Does the center have any children who are non-functioning in a social atmosphere or who have	V □	N- □
1 4	displayed violent or aggressive behavior (whether a danger to themselves of others)?  . Are all children independent mobile/ambulatory?	Yes □ Yes □	_
	. Are there functioning and operational smoke and/or heat detectors on premises?	Yes 🗌	
	. Does the applicant have a pre-employment/volunteer and a periodic ongoing screening process	162	NO 🗀
10	after employment and volunteering have begun which includes verification that employees and any volunteer workers have never been convicted of any crime, included sex-related or child abuse		
	related offenses?	Yes 🗌	No 🗌
	. Are permission slips obtained from parents or guardians for all field trips?	Yes 🗌	No 🗌
20	. Does the applicant meet the minimum state staff to child ratio guidelines at all times?	Yes 🗌	No 🗌
21	. Is this center a 100% drop in center (i.e. short term child care services while parent are on the premises)?	Yes 🗌	No 🗌
22	. Do any enrolled children require skilled or specialized medical care?	Yes 🗌	No 🗌
23	. Does any child have a health condition that requires invasive medical procedures?	Yes 🗌	No 🗌
24	. Is 100% of the wiring on functioning and operational 100 AMP circuit breakers (if built prior to 1978)?		
25	. Has the applicant ever been cited/violated by the state for the number of children on the premises exceeding the licensed capacity, failure to adhere to state mandated staff to child ratios, lack of supervision, failure to perform state mandated background checks, and/or incomplete medical records for enrolled children and/or medication logs?	Yes □	No $\square$
26	. Have all violations that have been cited in an inspection (whether the inspection was done by an	103 🗀	110 🗀
	insurance carrier or the state) been corrected within the required deadline for compliance?	Yes 🗌	No 🗌
27	. Has the applicant ever had a hearing regarding violations discovered by the state (regardless of the outcome of the hearing)?	Yes 🗌	No 🗌
28	. For school age children above grade 3, are they only providing before/after school care (i.e. private, charter, Montessori, etc. schools that are above grade 3 are ineligible)	Yes 🗌	No 🗌
29	. Has or will the applicant provide care to children older than 14 and/or any adult care services?	Yes 🗌	No 🗌
30	. Does the applicant provide any babysitting, nanny, adoption, and/or referral services?	Yes 🗌	No 🗌
31	. Does the applicant travel to destinations to provide child care services?	Yes 🗌	No 🗌
32	. Does the applicant have any homemade play equipment?		
33	. Is there any exposure to moonwalk or bounce equipment, gymnastic or wall-climbing equipment, ball pits or trampolines/rebounding equipment greater than 12 inches from the ground?	Yes□	No 🗆

34. Does the applicant offer any gymnastics, martial arts and/or other contact sports?	Yes 🗌	No 🗌
35. Does the applicants' premise have at least two means of egress by door from each floor where they operate the child care center?	Yes □	No $\square$
36. Are logs kept of all medicine that is administered and is medicine only administered with the	103 🗀	110 🗀
parent's/guardian's written consent and instruction?	Yes 🗌	No 🗌
37. Are children left unsupervised at any time (including nap time)?	Yes 🗌	No 🗌
38. Are all staff and volunteers over the age of 18?	Yes 🗌	No 🗌
39. Are children ever left with only caregivers between the age of 18 and 21 and/or with volunteers that have not had a background check performed by the center?	Yes 🗌	No 🗌
40. Does the applicant require that children are enrolled in the center with applications completed including complete medical information and emergency contact information that is signed by a parent/guardian prior to the first day of the child's stay (including drop in and/or short term care) and require updated immunization records annually?	Yes 🗌	No 🗌
41. Does the applicant take field trips to residential swimming pools, duck boats or any other type of boating trip, lakes, beaches, skiing or snow tubing, skating rinks (ice or roller), amusement/water parks and/or any overnight trips?	Yes□	No∏
42. Is the applicant's center closed between 11 p.m. and 5 a.m.?	Yes□	
43. Is the applicant licensed, certified or registered with the state?	Yes 🗌	
44. Is the applicant exempt from licensing, registration, or certification?	Yes□	
45. Does the applicant have any animals on premises?	Yes□	_
For Residential Centers Only		
1. Are infants always placed in cribs during naptime and not on the floor, cots, beds, etc?	Yes□	No 🗌
2. Regardless of state mandated staff to child ratios, confirm the center will maintain a staff to child ratio of 1 provider for every 6 children if any child is under the age of 3 OR if all children are greater than 3, they maintain a staff to child ratio of 1 provider for every 8 children.	Yes 🗌	No 🗌
For Commercial Centers Only		
1. Are all cubbies and bookcases over 24 inches in height affixed to a wall or floor?	Yes 🗌	No 🗌
2. Are all kitchen facilities and heating appliances including bottle warmers physically separate from areas accessible by children?	Yes □	No 🗌
3. Under all permanently installed climbing, rocking, rotating, bouncing or moving equipment, there is a minimum or 6 inches of loose fill surfacing material (such as shredded wood/rubber, sand, etc.) OR a shock absorbing surface material (must be rubber tiles, mats, or a poured in place material)		
regardless of what is mandated by state guidelines?	Yes 🗌	
4. Does the center have any playground equipment with a platform or over 6 feet high?		No 🗌
5. Does the center operate 100% as a before/after school program? If Yes:	Yes 🗌	No 🗌
<ul> <li>Is the center licensed for before/after school care?</li> </ul>	Yes 🗌	
<ul> <li>Is the operation being held in a gymnasium or cafeteria?</li> </ul>	Yes 🗌	No 🗌
<ul> <li>Are they using an outside play area that is not 100% fenced?</li> </ul>	Yes 🗌	No 🗌
<ul> <li>Is this legal operation run by the school and/or share administrators with the school?</li> </ul>	Yes 🗌	No 🗌
6. Does the center operate a day camp and/or summer camp? If Yes:	Yes 🗌	No 🗌
Is the camp offering specialized programs (other than education) such as weight loss or		
sports instruction?	Yes 🗌	No 🗌
<ul><li>sports instruction?</li><li>Are any staff members under the age of 18?</li></ul>		No 🗌

Hired and/or Non Owned Automobile Liability Questions	
Does the applicant own any vehicles in the legal name of the business?	Yes □ No □
2. Do any employees or owners use their personal car for business use more than 12 times per year?	Yes□ No□
3. Does the applicant transport children other than for emergencies and field trips?	Yes□ No□
4. Does the applicant allow drivers under the age of 21 to transport children?	Yes □ No □
5. Does the applicant transport children on more than 5 field trips per year?	Yes □ No □
6. Does the applicant have a walk around vehicle checklist used when children enter and exit vehicles?	Yes □ No □
7. Does the applicant require proof of auto insurance from all persons transporting children including employees, parents, volunteers, etc.?	Yes □ No □
8. If the applicant uses a contract transportation company for field trips, do they obtain certificates of insurance confirming the transportation company carries auto insurance?	Yes □ No □
9. What is the annual cost of rental car or truck? \$	Yes □ No □
Credit/Debit Questions for Commercial Centers	
1. Is there an accident and health policy for the children in force?	Yes□ No□
2. Does the applicant take any field trips to commercial swimming pools?	Yes □ No □
3. Are all doors equipped with pinch guards to prevent accidents to fingers?	Yes □ No □
4. Do you have infants aged 18 months or younger?	Yes□ No□
Applicant Signature	
Title	
Date	