



Max Specialty

CHILD DAY CARE APPLICATION

AGENCY INFORMATION

1. APPLICANT INFORMATION EFFECTIVE DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ WEBSITE: _____

TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO

2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

A. GENERAL LIABILITY

1. \$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 OTHER: _____

2. COMPLETE THE CHILD/STAFF RATIOS BELOW (INCLUDE YOUR OWN CHILDREN WHO ARE CARED FOR)

CHILDREN	NUMBER OF FULL TIME	NUMBER OF PART TIME	# OF STAFF
UP TO 1 YEAR OLD			
2-3 YEARS OLD			
4-5 YEARS OLD			
6-12 YEARS OLD			
OVER 13 YEARS OLD			

B. PROPERTY

1. IS PROPERTY PROHIBITED IN OUR COASTAL GUIDELINES? YES NO

2. CAUSE OF LOSS BASIC BROAD SPECIAL

3. CONSTRUCTION _____ PROTECTION CLASS _____ SQUARE FEET _____ BUILDING AGE _____

4.

COVERAGE DESIRED	LIMIT	RC/ACV	CO-INS / INDEMNITY	DEDUCTIBLE (MIN \$500)
BUILDING				
BUSINESS PROPERTY				
BUSINESS INCOME				

5. LOSS PAYEE: _____

6. MORTGAGEE: _____

C. FACILITY

1. IS APPLICANT A LICENSED IN-HOME DAY CARE? YES NO (IF YES, ATTACH PROOF OF HOMEOWNERS COVERAGE)
2. STATE LICENSE NUMBER: _____ LICENSE CAPACITY: _____
3. HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO (IF YES, SUBMIT WITH DETAILS)
4. ANY ANIMALS ON PREMISES YES NO IF YES, WHAT TYPE: _____
5. ANY OVERNIGHT CARE? YES NO IF YES, SUBMIT WITH DETAILS
6. IF MORE THAN 1 STORY, IS THERE A SECONDARY MEANS OF EGRESS? YES NO TYPE: _____
7. ANY PHYSICIANS OR NURSES? YES NO IF YES, EMPLOYED OR CONTRACTED
8. ANY HANDICAPPED, MENTALLY CHALLENGED, OR SPECIAL NEEDS CHILDREN CARED FOR? YES NO
9. ARE MEDICATIONS ADMINISTERED BY THE STAFF YES NO
 - a. IF YES, LIST MEDICATIONS GIVEN _____
 - b. DESCRIBE ADMINISTRATION PROCEEDURE (TO ENSURE SAFETY OF CHILDREN)

 - c. DESCRIBE TRAINING OR EXPERIENCE OF STAFF _____

10. DAYS AND HOURS OF OPERATION? _____
11. # OF EXITS ON EACH FLOOR? _____ 11a. NUMBER OF ROOMS IN THE FACILITY _____
12. INDICATE TYPE OF FACILITY : COMMERCIAL BUILDING PRIVATE RESIDENCE
13. IS THERE A SWIMMING POOL ON THE PREMISES? YES NO IF YES, IS IT COMPLETELY FENCED? YES NO
14. IS THERE A PLAY AREA? YES NO IF YES, IS IT COMPLETELY FENCED? YES NO
15. LIST TYPE OF PLAY EQUIPMENT _____

16. DESCRIBE TYPE OF SURFACE UNDER PLAY EQUIPMENT: _____
17. LIST ALL EXTRA CURRICULUM CLASSES GYMNASTICS DANCE KARATE SWIMMING TEAM SPORT OTHER

18. IS AN ACCIDENT AND HEALTH POILCY FOR THE CHILDREN IN FORCE? YES NO
19. DOES THE FACILITY ALLOW CHILDREN TO BE DROPPED OFF THAT ARE NOT ENROLLED IN THE PROGRAM? YES NO
20. ADDITIONAL INSURED: _____

D. FIRE PROTECTION

1. ARE MEALS SERVED? YES NO IF YES _____% PREPACKAGED _____% COOKED IF COOKED, WHAT TYPE OF COOKING EQUIPMENT? _____
2. IS THERE A FIRE SUPPRESSION SYSTEM OVER ALL COOKING EQUIPMENT? YES NO
3. HOW OFTEN IS IT SERVICED? MONTHLY SEMI-ANNUALLY ANNUALLY OTHER _____
4. DO CHILDREN HAVE ACCESS TO COOKING AREA? YES NO
5. ARE THERE SMOKE DETECTORS IN EACH ROOM AND IN COMMON AREAS? YES N O

E. TRIPS

1. DOES THE APPLICANT SPONSOR OFF PREMISES TRIPS? YES NO
2. IF SO, HOW MANY PER YEAR? _____ ANY OVERNIGHT TRIPS? YES NO
3. WHAT TYPES OF TRIPS AND WHERE DO THEY GO? _____
4. DESCRIBE ALL OTHER ACTIVITIES AT THIS FACILITY. _____

F. ABUSE & MOLESTATION COVERAGE (OPTIONAL)

1. LIMITS: 25,000/50,000 50,000/50,000 100,000/100,000 250,000/250,000 500,000/500,000
2. HAVE YOU OR ANY EMPLOYEE, VOLUNTEER OR OTHER PERSON WORKING FOR YOU, EVER BEEN ARRESTED OR CONVICTED OF A CRIME?
 YES NO IF YES, PROVIDE COMPLETE DETAILS: _____

3. HAS YOUR FAMILY HAD ANY INCIDENTS OR CLAIMS BEEN BROUGHT FOR SEXUAL MOLESTATION OR ANY OTHER ALLEGATION OF MISCONDUCT YES NO IF YES, PROVIDE COMPLETE DETAILS:

4. HAS ANY FACILITY WITH WHICH YOU HAVE BEEN ASSOCIATED IN THE PAST EVER HAD ANY INCIDENTS OCCUR OR CLAIMS BROUGHT WHILE YOU WERE THERE? YES NO IF YES, PROVIDE COMPLETE DETAILS:

5. DOES YOUR FACILITY PERFORM BACKGROUND CHECKS ON ALL EMPLOYEES AND VOLUNTEERS? YES NO IF YES, DESCRIBE TYPE OF CHECKS PERFORMED

G. LOSS HISTORY (3 YEARS)

YEAR	CARRIER	LIMITS	PREMIUM	DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT INCURRED

APPLICANT SIGNATURE: _____ DATE: _____

PRODUCER NAME: _____

ADDRESS: _____