



Child Care Complete Application
P.O. Box 440549, Kennesaw, GA 30160
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Email applications to: news@markelcorp.com
Website: markelinsurance.com



Markel Agent Number: _____ Agent Address: _____
Agent Name: _____ City: _____
Phone No: _____ Email: _____ State: _____ Zip Code: _____
Submission # _____

BASIC INFORMATION

Proposed Effective Date: _____
Named Insured: _____ DBA: _____
(If multiple named insureds, please complete the Additional Named Insured Schedule below)
Mailing Address: _____
Website Address: _____ Email Address: _____
Primary Contact Name: _____ Phone: _____ Fax: _____
Loss Control Contact Name: _____ Phone: _____ Email: _____
Type of Entity: Corporation Individual Partnership Joint Venture LLC Other: _____

BUSINESS INFORMATION

Date business started under current ownership: _____
If you have been in business less than 3 years include a copy of your resume, financials or a bank letter of credit.
Do you conduct criminal background investigations on all employees and volunteers? Yes No
If no, explain: _____
Do you have a formal, documented Abuse policy in place including regular staff training on reporting incidents, identifying symptoms or signs of abuse, and a minimum of two staff present at all times with children? Yes No
If no, explain: _____
If yes, does the abuse policy include regular staff training on reporting incidents? Yes No
If yes, does the abuse policy include training on identifying symptoms or signs of abuse? Yes No
Do you offer more than 12 field trips annually? Yes No
If yes, what is the average number of field trips each year for all locations? _____
Are any field trips overnight? Yes No

ADDITIONAL NAMED INSURED SCHEDULE

Name: _____
Form of Business: _____ More than 50% common ownership? Yes No
Name: _____
Form of Business: _____ More than 50% common ownership? Yes No
Name: _____
Form of Business: _____ More than 50% common ownership? Yes No

Submission #

**Child Care Complete Application
Liability Information**

Location # _____

(A Copy of this Page is Required for Each Location)

Location Address: _____

LIABILITY LIMITS & COVERAGE (per occurrence limit/ aggregate limit):

General Liability limits of \$1,000,000 / \$3,000,000 will be quoted. Lower limits are available upon request.

Abuse Liability Limit (choose one):

- \$1,000,000 / \$1,000,000 \$500,000/ \$1,000,000 \$500,000 / \$500,000
- \$100,000 / \$300,000

Employee Benefits Liability limits of \$1,000,000 / \$3,000,000 will be quoted if requested. Lower limits are available upon request.

Retro Date: _____ Total Number of Employees: _____

Stop Gap Limit (Available in ND, OH, WA, WY only) (choose one): Total Payroll: _____

- N/A \$1,000,000 / \$1,000,000 / \$1,000,000 \$500,000 / \$500,000 / \$500,000
- \$100,000 / \$500,000 / \$100,000

Is this location a For-Profit or Not-For-Profit Organization? For Profit Not For Profit

Describe the operations at this location:

- Childcare Center Before/After Childcare Montessori Headstart PreK Nursery Childcare
- Drop In Childcare Sick Childcare Explain care provided: _____

Which best describes the building you occupy?

- Basement in residence Multiple Occupancy Building Church Building Converted Dwelling
- Single Occupancy Building School Building Strip Mall Other: _____

Do any of the following apply to this location? Check all that apply:

Building Leased to Others Square Footage Leased: _____

Is this building maintained by the insured? Yes No

Office Square Footage _____ Is this building maintained by the insured? Yes No

Vacant Land Number of acres: _____

Warehouse (Separate from Childcare) Square Footage _____

Type: Private Mini Warehouse

Other: _____

Are all childcare operations at this location licensed? Yes No

(If yes, complete the licensing supplemental and provide a copy of your license)

If no, explain: _____

Non-Licensed Childcare Average Daily Attendance: _____

Are your hours of operation more than six hours a day? Yes No

Do you provide overnight care? Yes No

(if yes, complete the Overnight Care section of the Miscellaneous Care Supplemental)

What is your average daily number of infants (18 mths and younger)? _____

Are children with special needs cared for at this location? Yes No

(if yes, complete the Special Needs section of the Miscellaneous Care Supplemental)

Do you have a swimming pool on premise? Yes No (if yes, complete the Water Activities Supplemental)

Are any swim or water activities provided at any off-premises pools, oceans, lakes or water parks? Yes No (if yes, complete the Water Activities Supplemental)

Is there a playground at this location? Yes No (if yes, complete the Playground Supplemental)

Submission #

**Child Care Complete Application
Property Information**
(A Copy of this Page is Required for Each Structure)

Location # _____ Building # _____

Location Address: _____

Deductible: \$1,000 \$2,500 \$5,000 \$10,000

Coinsurance: 80% 90% 100%

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

Year Built: _____

If building is over 20 years old, has the building been updated (including roof and plumbing) within the past 20 years? Yes No

If no, please explain: _____

Do you own the building at this location? Yes No

Is the building Sprinklered? Yes No

Building Square Footage: _____

Is this structure a trailer, modular or prefabricated building? Yes No

Number of Stories: _____

Coverage	Limit	Valuation (RC or ACV)	Construction	Occupancy
Building				
Personal Property of the Insured				
Tenants Improvements & Betterments				
Business Income			N/A	
Fence				N/A
Sign				N/A
Playground Equipment				N/A
Awning or Canopy				N/A

Does a separate Business Income Coinsurance apply? Coin % _____

Business Income Monthly Limit of Indemnity: None 1/3 1/4 1/6

Is this location adjacent to potentially hazardous exposures? Yes No

If yes, describe: _____

Additional Interest Schedule

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Interest is (choose one): Mortgagee Lender's Loss Payee
 Loss Payee Building Owner Other: _____

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Interest is (choose one): Mortgagee Lender's Loss Payee
 Loss Payee Building Owner Other: _____

Submission #

**Child Care Complete Application
Licensing Supplemental**

(A Copy of this Page is Required for Each Location)

Location # _____

Location Address: _____

Expiration Date of License: _____

Is the license currently suspended or revoked? Yes No

Licensed Capacity: _____

Average Daily Attendance (based on twelve months): _____

Date of the most recent state inspection : _____

Are there any citations for any violations in the most recent state inspection? Yes No

If yes, Please indicate the type of State Inspections Violations that apply to the most recent inspection (check all that apply):

Background Checks: Yes No

Child to Staff Ratios: Yes No

Fire Drills: Yes No

Playground Cover: Yes No

Inappropriate Discipline of Children: Yes No

Transportation: Yes No

Any other violation which may result in the harm of a child: Yes No

If you answered yes to any of the above, explain each violation and provide corrective action taken:

Submission #

Child Care Complete Application
(A Copy of this Page is Required for Each Location)

Location # _____

Location Address: _____

Playground Supplemental

Does the facility have its own play area? Yes No

Is the play area fenced? Yes No

Please indicate the type of surface under the permanently installed play equipment over 18 inches high:

- Asphalt Cement Course Sand Double Shredded Mulch Engineered Wood Fibers Fine Gravel
- Fine Sand Medium Gravel Shredded Tires Wood Chips Other: _____

Is the depth of the playground surface at least six-nine inches? Yes No

If no, please explain: _____

Was the equipment installed by, or has it been inspected by, someone certified in playground safety? Yes No

How often are regular maintenance and routine inspections performed on the equipment? At least:

- Daily Weekly Monthly Every Other Month Quarterly Semi Annually Annually

Does the center have playground equipment with a primary platform over 6 feet high and/or any apparatus over 8 feet high? Yes No

Water Activities Supplemental

- Off Premises On Premises N/A

Please select any types of "off premises" water exposure that apply:

- Public Pool Private Pool Wading Pool (defined as any pool with normal depth of 18 inches or less)
- Lake Ocean Waterpark - Number of trips to the water park per year: _____

Do you maintain the same Staff/Child ratio on trips as you do in the classroom? Yes No

Provide complete details including frequency and minimum age:

For "on premises" swimming pools:

Number of pools at this location (do not include wading pools with a normal depth under 18 inches): _____

Use of Pool: Operated year round Operated less than 12 months

If operated less than 12 months, how many months is the pool used? 3 months or less More than 3 months

If operated less than 12 months, what is the percentage of supervised activities? More than 40% 40% or less

Are all swimming pools and in-ground wading pools completely fenced with at least a four foot fence with self-locking gates? Yes No

Do all pool drains and grates have covers in place and are they in compliance with Graeme Baker Act? Yes No

For all water activities:

Are all activities staffed with certified life guard(s)? Yes No

Is the Staff always present at the water activities and are they trained in water safety including CPR? Yes No

Are permission slips including waiver of subrogation obtained for all children participating in the water activities? Yes No

Are children allowed to use water slides and/or diving boards? Yes No

If yes, are the water slides and/or diving boards located in a water park? Yes No

Submission #

**Child Care Complete Application
Miscellaneous Care Supplemental**
(A Copy of this Page is Required for Each Location)

Location # _____

Location Address: _____

Overnight Care Supplemental

Explain the additional hours of operations:

Is the staff required to stay awake all night? Yes No

Is the facility kept locked and well lighted? Yes No

Are only authorized persons allowed to come inside the facility and pick up children? Yes No

Are children under 5 years old allowed to sleep in the same room with older children? Yes No

Are children over 5 years old allowed to sleep in the same room with children of the opposite gender? Yes No

Are staff to child ratios maintained during the overnight hours? Yes No

Special Needs Supplemental

How many children are special needs? _____

Is someone on your staff trained to care for these children? Yes No

Is physical therapy provided? Yes No

Is an aide assigned to accompany the child? Yes No

Please describe the disabilities and special arrangements to care for these children:

LOSS INFORMATION

Have you had any claims or losses in the past five years? Yes No

(This includes both claims that you have filed with an insurance company and losses that you did not file with an insurance company.)

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

List all losses in the past 5 years whether or not insured(Attach additional sheet if necessary):

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

Is this a new venture? Yes No

If no, please provide information on your current insurance coverage for each line of business:

Expiring General Liability Insurance Company: _____ Expiring Premium: _____
 Expiring Property Insurance Company: _____ Expiring Premium: _____
 Expiring Auto Insurance Company: _____ Expiring Premium: _____

Is your current coverage being non-renewed? Yes No

If yes, why? Carrier no longer writing this coverage Loss History Other:

**Child Care Complete Application
Business Auto Supplement**

Auto Accord applications including all state specific UM/UIM and PIP forms are also required.

FEIN/Social Security Number: _____

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

If yes, explain: _____

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

If yes, explain: _____

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

If no, explain: _____

What is the estimated average annual mileage per vehicle? Less than 5,000 5,001 to 7,000 over 7,000

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

If yes, explain: _____

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

Headcount at departure & return to center: Yes No

Headcount upon vehicle exit: Yes No

Headcount while at destination: Yes No

Written procedures: Yes No

Other: Yes No Describe: _____

Does the estimated percentage of personal use for each vehicle exceed 25%? Yes No

If over 25%, describe the personal use: _____

Questions for Private Passenger Type Vehicles Only

Is/are the Private Passenger vehicle/s used to transport children? Yes No

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

Who is the primary driver of this vehicle? _____

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

Submission #

Child Care Complete Application

Special Events Supplemental

Does your current license cover this event or do you have a special license specific to this event? Yes No

Type of Event: _____

Number of Participants: _____

What is the location of the event? _____

Planned Activities:

Expected Revenue: _____

Length of Time: _____

Will liquor be served at the event? Yes No

Do you obtain Certificates of insurance from all vendors? Yes No

Do you rent the facility to others? Yes No

Submission: _____

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN COLORADO

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.

APPLICABLE IN FLORIDA and OKLAHOMA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicant's Signature: _____
Title: _____

Date: _____

Producer's Signature: _____

Date: _____