



CARRIER:

[Empty box for carrier information]

Child Care Product Application – All States

Coverage(s) Desired (Check all that apply): Property Abuse and molestation (*question 22 required*) General liability
 Certain civil/criminal defense cost and reimbursement (*question 22c required*) Hired and non-owned (*questions 52–55 required*)

Applicant's name (include DBA name): _____

Mailing address: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership Nonprofit corporation LLC Other _____

Classification (Check all that apply):

Commercial centers Residential (*questions 47–48 required*) 100 percent percent day camp (*question 50 required*)
 100 percent before and/or after care (*question 49 required*) 100 percent drop-in care (*question 51 required*) Montessori

Description of Operations:

[Empty box for description of operations]

1. Have there been any losses/claims in the last five years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet. (Abuse and molestation = A&M)

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> A&M			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> A&M			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> A&M			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. Have there been any actual or alleged child molestation or abuse incidents in the past or are there any currently under investigation? Yes No

3. What year did the business start? _____

4. How many years has the applicant been at the current location? _____

5. Is the child care facility currently licensed or registered with the state?

Yes No License pending Exempt from licensing Unknown

If "Yes,"

a. Provide the name on the center's license: _____

b. Provide the license number: _____

6. Has the child care facility's license, registration or certification ever been revoked or suspended? Yes No

7. What is the licensed capacity for the child care facility? _____

Property Coverage

Building Construction:				
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry NC	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Noncombustible
<input type="checkbox"/> Fire resistive				
Protection Class	Cause of Loss	Deductible	Number of Stories	Type of Burglar Alarm
_____	<input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	_____	<input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____				
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Metal <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100 percent of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
Building Limit:		\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Personal Property Limit:		\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Income Limit:		\$ _____	Coinsurance _____ or _____	Monthly Limit of Indemnity
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%	<input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100 percent	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

Additional Property Coverages Requested (Check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Electronic data	<input type="checkbox"/> Interruption of computer operations
<input type="checkbox"/> Value Plus endorsement	<input type="checkbox"/> Power outage	<input type="checkbox"/> Fence coverage \$ _____
<input type="checkbox"/> Outdoor sign coverage \$ _____	<input type="checkbox"/> Playground equipment coverage \$ _____	
<input type="checkbox"/> Valuable papers coverage \$ _____	<input type="checkbox"/> Accounts Receivable Coverage \$ _____ (Not Applicable for Residential Child Care)	

Liability Coverage

20. Occurrence limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

21. Add employee benefits liability? Yes No If "Yes," please list the total number of employees _____

22. Add abuse and molestation liability coverage? (Residential Child Care is eligible for limits up to \$100,000/\$300,000) Yes No
If "Yes,"

a. Defense cost coverage: Inside the limit Outside the limit (Not available for Residential Child Care in most states)

b. Desired limit : \$25,000 / \$50,000 \$100,000 / \$100,000 \$100,000 / \$300,000 \$300,000 / \$300,000
 \$300,000 / \$600,000 \$500,000 / \$500,000 \$500,000 / \$1,000,000 \$1,000,000 / \$1,000,000

c. Add defense cost reimbursement for certain civil or criminal suits? Yes No

23. Provide the number of wading pools 12 inches or less: _____ N/A

Additional Interests

(AI = Additional Insured, LP = Loss Payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ELIGIBILITY CRITERIA

General Eligibility

24. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
25. Has insurance coverage been cancelled or non-renewed in the past three years? (Not applicable in MO) Yes No
26. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No
27. Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? Yes No
28. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? Yes No

Liability Eligibility

29. Does pre-employment screening include verification that all employees and volunteers have never been convicted of a crime, including sex-related or child abuse offenses, and the child care facility continues to conduct periodic screenings after employment and volunteering begins? Yes No
30. Is the child care facility owned by or associated with any operations other than the child care at this location? Yes No
31. Are cubbies and bookcases over 24 inches in height anchored to a wall or floor? Yes No
32. Are Jacuzzis or hot tubs secured and inaccessible to the children? N/A Yes No
33. Are there any prior or current state citations/violations for lack of supervision, inadequate staff to child ratio, incomplete medical records for enrolled children or inadequate state required background checks? Yes No
34. Are there any wood-burning stoves, space heaters or temporary heating devices? Yes No
35. Does the child care facility accept children who require skilled or specialized medical care? Yes No
36. Does the child care facility open no earlier than 5 a.m. and close no later than 11 p.m.? Yes No
37. Are kitchen facilities and heating appliances, such as crock pots, physically separated from the children? Yes No
38. Are martial arts or organized contact sports offered? Yes No
39. Are medications ever dispensed without the parent's/guardian's and physician's (when required) written consent and instruction? Yes No
40. Are there field trips to off-premises residential swimming pools, lakes, beaches, skiing, ice/roller skating rinks, amusement/water parks, or overnight? Yes No
41. Does the child care facility obtain a student application on every student that includes complete medical, emergency and contact information completed and signed by a parent or legal guardian prior to the child's first stay? Yes No
42. Does the child care facility own or ever rent trampolines, moonwalk or bounce equipment, gymnastic or wall-climbing equipment, or ball-pits? Yes No
43. Does the child care facility provide either standalone adult day care operations or child/adult care at the same location? Yes No
44. Does the child care facility provide nanny services, adoption services or referral operations? Yes No
45. Does the child care facility travel to destinations to provide child care services? Yes No
46. Have all violations cited in an inspection (conducted by state or insurance company) been corrected within the deadline for compliance? N/A Yes No

Residential Child Care Facilities Only N/A

47. Applicant maintains a minimum 1:6 staff-to-child ratio for all children enrolled at the residential home? Yes No
48. Are infants placed in cribs and not beds during naptime? Yes No

Before and/or After School Care N/A

49. Does this child care facility provide 100 percent before and/or after school care? Yes No
- If "Yes," please complete the following:
- a. Does the child care facility operate as an independent entity with no ownership or oversight by the public or private school? Yes No
- b. Does the child care facility operate in a gymnasium or cafeteria? Yes No

Day Camp or Summer Camp N/A

50. Does the child care facility operate as a 100 percent Day Camp or Summer Camp? Yes No
- If "Yes," please complete the following:
- a. Are the children permitted to stay at the camp overnight? Yes No
- b. Are there any enrolled children over the age of 15 at the camp? Yes No

- c. Does the camp operation offer specialized care such as weight management camp or sports camp? Yes No
- d. For all camp staff under the age of 21 and volunteers, are they supervised by an employee over the age of 22? Yes No
- e. Is any camp staff member under 18? Yes No
- f. Is the camp operation seasonal? (e.g. open in summer months – June through August) Yes No

Drop-in Child Care N/A

51. Is this a 100 percent drop-in child care facility? (i.e. short-term care less than four hours, parents on premises or easily accessible.) Yes No
- a. Does the child care facility offer “sick child” services? Yes No

Hired and Non-owned Auto N/A

52. Does the child care facility ever transport or arrange for the transportation for children in their care? Yes No
- If “Yes,” Yes No
- a. Are children ever transported on field trips or other destinations in child care owners’/ employees’/parents’ cars (other than their own children)? Yes No
- b. Does the child care facility contract with a driver-provided bus service that maintains minimum auto coverage of \$1,000,000 combined single limit? Yes No
53. Is there a Commercial Auto Insurance policy in force? Yes No
54. Are there any owned or leased (long-term) vehicles? Yes No
55. Are employees or volunteers required to use their personal automobile to conduct the applicant’s business on a regular basis? Yes No

FFRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Statement: 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.

Florida Fraud Statement: 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 of the third degree.

Kansas Fraud Statement: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: 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

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

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: 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 subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not

have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extended reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

Missouri and Rhode Island Disclosure Notice: I understand and acknowledge that if a \$100,000 or \$250,000 Limit of Liability is chosen or if the Insured Organization has more than 200 employees, that Defense Costs are a part of the Limit of Liability. This means that Defense Costs will reduce my limits of insurance and may exhaust them completely and should that occur, I shall be liable for any further legal Defense Costs and Damages. Defense Costs are as defined in Section III. I also understand that the Limit of Liability for the Extended Reporting Period, if applicable, shall be a part of and not in addition to the limit specified in the Policy Declarations.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

New York Fraud Statement: 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 such violation.

Applicant's signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.