

APPLICANT INFORMATION

Named Insured

Location Address

Street

City

State

Zip

LOCATION INFORMATION

LICENSING:

• Is this Center licensed? Yes No The license expires on ____ / ____ / ____ . The Center is licensed for a capacity of ____ Children.

CURRENT ENROLLMENT:

- The total enrollment of the Center is ____ children. There are ____ full-time students and ____ part-time students.
- The number of enrolled children with an emotional, mental or physical handicap or disability is ____ . These handicaps include the following: _____
- The number of enrolled children that require a special diet is ____ . These diets include the following: _____
- Staffing: **Please complete the number of staff and children by Age Group below**

Age Group	Number of Staff	Number of Children
0 to 12 mos.		
1 year olds		
2 year olds		
3 year olds		
4 year olds		
5 year olds		
6 years and up		
	Total:	Total:

PROPERTY

Property values will be increased by 3% for inflation. If you require any additional changes from expiring, please submit a property accord application.

MANAGEMENT EXPERIENCE and PROCEDURES

Describe each Owner / Operator of the Center:

Name	Duties	Degree(s)	Child Care Experience
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)

- Do you have an Accident & Health policy? Yes No • If yes, what limits are provided? _____
- Is the coverage Primary or Excess
- Do you have a written emergency evacuation plan? Yes No
- Do you have a written parent brochure that is distributed to the parents? Yes No

AUTOMOBILE

AUTOMOBILE:

Do you have owned autos? Yes No If no, do you require Hired/Nonowned coverage? Yes No
 Any additions or deletions to the automobile schedule? Yes No

If yes,

Vehicle (Yr & Model)	Seating Capacity	Vin #	Cost New	Addition or Deletion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Drivers:

Please list the current principal and substitute drivers. **Forward MVRS on any new drivers.**

Driver's Name	Date of birth	Driver's License #	State of License
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OPERATIONS

OFF-PREMISES EXPOSURE:

Are field trips taken? No Yes **If NO**, do you anticipate taking field trips in the future? No Yes
 Yes
 • Please describe the **types of trips**, their **frequency** and the **maximum distance traveled** below:
 Types: _____
 Frequency: trips per year
 Max Distance Traveled: miles

PLAYGROUND:

Does the facility have a playground? No Yes
If YES,
 • Is the playground fenced-in? No Yes
 • Is the playground equipment organized so that it is age-appropriate? No Yes
 • Do you have a trampoline on the premises? No Yes
 • What is the maximum height of the playground equipment? ?

OTHER MISCELLANEOUS CHANGES

Any other changes not mentioned above? Please describe:

This application and the loss information shown in the attached ACORD applications are understood to be an inducement to the issuance of a policy of insurance by company and the applicant warrants that all answers to questions are true and correct to the best of applicant's knowledge and belief..

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Insured Signature: _____

Date: _____

Agent Signature: _____

Date: _____