

RELMARK

CHILDCARE CENTERS

Submission Checklist:

- Acord Applications**
- Supplemental Application**
- Parent Handbook or Brochure**
- Evacuation Procedures**
- Copy of Current Center Licenses**
- Pictures of Premises**
- Current Drivers List (if taking auto coverage)**
- Motor Vehicle Report On Each Driver (if taking auto coverage)**
- 4 Years Currently Valued Loss History**

I. APPLICANT INFORMATION

Named Insured:				Eff. Date:
Location Address	Street:	City:	State:	Zip:
Email Address:		Website:	Fax:	
			Telephone:	
Abuse Limits Requested <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> 250,000/500,000 <input type="checkbox"/> 500,000/1,000,000 <input type="checkbox"/> 1,000,000/2,000,000				
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____				
Programs Offered: <input type="checkbox"/> Commercial Childcare <input type="checkbox"/> Pre-school <input type="checkbox"/> Montessori <input type="checkbox"/> Headstart <input type="checkbox"/> Other _____ Do you have a summer camp exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Facility opened _____			FEIN number _____	
Number years under current ownership _____				

II. LOCATION INFORMATION (If multiple locations, complete additional location supplements)

▪ This Center is located in a:

Private Home
 Church, or other religious affiliated facility
 Separate building
 School, and there are _____ school age (1st Grade or older) children enrolled in the school program or center is providing a latch key program in a public school.
 Other, please explain _____

▪ The center is a _____ story building and has _____ square feet.

▪ If more than one story, are children located above or below ground? _____

▪ If yes, how many means of egress from that level? _____

▪ How old is the roof _____, electrical system _____, heating system _____, plumbing _____

▪ If roof and utilities have not been updated within the last 20 years, a copy of latest inspection is required for each.

▪ Is the structure a Multiple Occupancy Facility **OR** Freestanding building?

▪ Are there any individuals residing in the building? Yes No

▪ Is this structure a converted dwelling? No Yes Please explain any modifications made and when: _____

▪ Is the converted structure now zoned commercial? No Yes

LICENSING:

▪ Is this Center licensed? Yes No The license expires on ____ / ____ / ____ The Center is licensed for a capacity of _____ children. **(Please attach a copy of license for each location.)**

▪ Has this Center's license ever been revoked, suspended or issued with contingencies? No Yes

▪ Is this Center Accredited? Yes No **If yes, copies of accreditation certificates must be attached.**

▪ The Center is open for operation: _____ hours per day; _____ days per week; _____ months per year.

CURRENT ENROLLMENT:

- The total enrollment of the Center is _____ children. There are _____ full-time students and _____ part-time students.
- The average daily attendance is _____.
- 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 **TOTAL** number of staff and **TOTAL** number of children by Age Group below (if attendance varies, use maximum possible number of children):

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:

III. 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) _____

• Is any staff under 18 years of age? Yes No **If YES**, describe duties: _____

• Do you have an Accident & Health policy? Yes No • Is the coverage mandatory for all students? Yes No

• Is the coverage Primary or Excess?

Which of the following do you utilize as part of your **employment screening process**? (Check all that apply)

- Background Check MVR Check Criminal Record Investigation TB Test
- Drug/Alcohol Testing Personal References Verification of Education Employment Application
- Fingerprint check Pre-employment physical

• Does this screening process apply to **volunteers** as well? No Yes

• Any use of leased employees? No Yes

• Is a minimum of one staff member certified in **First Aid** present at all times? No Yes

• Is a minimum of one staff member certified in **CPR** present at all times? No Yes

• How many times per year do you conduct fire drills? _____ Times per year.

• Are **special classes** (Gymnastics, Dance, Computer etc.) provided? No Yes **If YES**, which types? _____

• If an independent contractor on your premises teaches classes, do you require proof of insurance? No Yes

- Do you provide sick child facilities? No Yes **If YES, please explain** _____
- Are medical evaluations from the child's physician or guardian required at enrollment? No Yes
- Is dispensing of medication subject to written instructions from physician? No Yes
- Are releases obtained from parents for emergency medical treatment and/or for the dispensing of medication? No Yes

TRANSPORTATION:

- Does your Center transport children between the center and a school? No Yes
If yes, what is the average distance traveled? _____. Any major highways used? _____
- Does your Center transport children between their homes and the Center? No Yes
- Does your Center transport children on Field Trips? No Yes
If yes, on average how far from the facility are the field trips? _____
What is the maximum distance traveled? _____
Are major highways used? _____
- Do all children wear safety restraints in the vehicle? No Yes
- Do you have a fleet or driver **safety program** in place? No Yes **If YES, please describe:** _____
- Are all vehicles garaged at the center? No Yes
If no, any youthful drivers, or a spouse in the household where the vehicle is garaged? No Yes
- Do you have a **fleet maintenance program** in place? No Yes **If YES, please describe:** _____
- Are all vehicles titled to the day care center? No Yes
- What is the percentage of personal use for any private passenger type vehicles? _____
- Do you obtain MVR'S on your employees? No Yes
How often? _____
What criteria does employer use when evaluating MVR? _____
- Do any of the employees transport children in their cars? No Yes **If YES, please describe** _____
- Does the center require proof of liability insurance? No Yes What are the minimum limits required? _____
- Do any of the parents transport children in their cars on field trips? No Yes **If YES, does the center require proof of liability insurance?** No Yes What are the minimum limits required? _____

FIFTEEN PASSENGER VANS:

- Does Center own/operate any 15 passenger Vans? No Yes
If yes, how many? _____
- Have any of the vans been modified to reduce rollover potential? No Yes
If yes, please describe _____
- What is your plan for replacement of these vans? (Include timeframes and types of vehicles to be used as replacement.)

Fifteen Passenger Van Drivers

Name	License Number	CDL (Y/N)	Training/Experience in 15 passenger vans
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

- What is the usage of the Van? (Please be very specific—Daily pickups, to and from where, maximum distance, etc.)

- Is the van ever used on highway, or at speeds over 55 miles per hour? No Yes
 If Yes, please provide details: _____

- What is a typical load for van? (# adults including driver and # of children) _____

ABUSE and MOLESTATION PROCEDURES

- Do you have a **written policy and procedure** addressing child abuse and/or molestation? No Yes
- Are new hires placed on a probationary period? No Yes **IF YES**, please explain _____

- Are all caregivers (paid and volunteer) required to complete an employment application? No Yes
- Does the employment application include questions regarding convictions of any crimes, including child abuse offenses or any crimes of a sexual nature? No Yes
- Have any public authorities ever **investigated** you, your Center(s) or your past or present employees / volunteers relating to abuse or molestation? No Yes **IF YES**, please explain: _____

- Have any **allegations or civil or criminal actions** been brought against you, your Center(s) or your past or present employees / volunteers relating to abuse or molestation? No Yes **IF YES**, please explain _____

- Are you aware of any incidents, circumstances or actions, which may lead to an allegation of child abuse or molestation, being filed against your Center? No Yes **IF YES**, please explain: _____

- Have any claims been paid under the abuse and molestation coverage? No Yes **IF yes**, provide description below:

SECURITY:

- Do you have a written **emergency / security plan** in place? No Yes
- Do you have a written **evacuation plan** in place? No Yes
- Are parents required to sign in and sign out students daily? No Yes
- Describe your policy on releasing or signing-out children into the custody of others: _____

IV. OPERATIONS

- Does the Center provide overnight care? No Yes **If YES**, please describe the security policy: _____

- Does the Center accept drop-in children for the day? No Yes **If YES**, please describe the drop-in policy: _____

- Approximately how many drop-in children are accepted weekly? _____

COOKING:

- How are bottles warmed? Microwave Stove Crock-pot Hot plate. If these devices are located inside the infant room, are the infants completely segregated from the heating device? No Yes

OFF-PREMISES EXPOSURE:

- Are field trips taken? No Yes **If NO**, do you anticipate taking field trips in the future? No Yes
- Please describe the **types of trips**, their **frequency** and the **maximum distance traveled** below:
 - Types: _____
 - Frequency: _____ trips per year
 - Max Distance Traveled: _____ miles
- How are children transported? _____
- What is the minimum age allowed on field trips? _____
- Do you obtain written permission from parents / guardians? No Yes
- Which of the following do you utilize during field trips? (check all that apply)
 - Same color t-shirts for attendees Name tags Parent volunteers

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
- Playground equipment is on what type of ground covering? _____
- How deep is the ground cover? _____
- Do playground equipment and toys meet the consumer safety code requirements? No Yes
- Do you have a trampoline on the premises? No Yes
- What is the maximum height of the playground equipment? _____
- How often is playground inspected? _____
- Describe routine maintenance procedures (include timeframes and maintenance performed): _____

SWIMMING:

▪ Does the Center utilize swimming facilities? No Yes

If NO, do you anticipate using swimming facilities in the future? No Yes

- Minimum age of children allowed in water _____
- Diving boards? No Yes **If YES,** Height(s) _____ feet.
- Sliding boards? No Yes
- Pool depths marked? No Yes
- Is the pool fenced-in? No Yes
- Are there self-locking gate(s) No Yes
- Are supervisory staff trained in water safety? No Yes
- Lifeguard on duty? No Yes
- Which of the following describes the swimming facilities utilized (check all that apply):
 - Private Pool** - Above ground Below ground Plastic Cement Maximum depth of water _____ feet
 If private pool, who owns the pool? _____
 - Public Pool** - Above ground Below ground Plastic Cement Maximum depth of water _____ feet
 - Lake or Ocean** – How many trips per season? _____
 - Water Parks** – How many trips per season? _____
- Ratio of Staff supervision to children in pool during water play?
 - Number of Children **Under** 6 years of age _____ Number of Staff _____
 - Number of Children **Over** 6 years of age _____ Number of Staff _____

IMPORTANT: Please attach the following documentation:

- a. Center License or copy of most recent State Inspection(s);
- b. Fully completed and signed ACORD application;
- c. A minimum of three years past loss experience from prior carrier(s) including details of all losses over \$5,000; or a "no known" loss letter signed by the insured.
- d. List of all drivers, license numbers and dates of birth. MVRs if available;
- e. Photographs of each location **including playground equipment**;
- f. Photographs of all vehicles older than 8 years
- g. Copies of certificates for accredited programs to which insured may belong.

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oregon, Utah and Vermont)
Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee ad Virginia, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: 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.

NOTICE TO HAWAII APPLICANTS: For your protection Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

For Florida Applicants only: Agent's Name: _____ FL License Number: _____

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. The undersigned authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Insured Signature: _____

Title: _____

Date: _____

Agent Signature: _____

Title: _____

Date: _____