

# PRESCHOOL/DAYCARE/MONTESSORI APPLICATION-QUESTIONNAIRE

DATE \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS  
(INCLUDING COUNTY) \_\_\_\_\_

MAILING ADDRESS  
(IF DIFFERENT) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PROPOSED EFFECTIVE DATE \_\_\_\_\_ TO \_\_\_\_\_

## I. PROPERTY

BUILDING LIMIT \$ \_\_\_\_\_ REPLACEMENT COST / ACTUAL CASH VALUE

CONTENTS LIMIT \$ \_\_\_\_\_ REPLACEMENT COST

DEDUCTIBLE \$ \_\_\_\_\_ (\$250.00 MINIMUM)

OTHER OCCUPANTS OF BUILDING \_\_\_\_\_

LOCATION IS:  RENTED  OWNED

IS THERE A:  MORTGAGEE  LOSS PAYEE  CONTRACT OF SALE

IF YES – NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

BUILDING CONSTRUCTION:  FRAME  MASONRY  NON-COMBUSTIBLE  FIRE RESISTIVE

BUILDING AGE \_\_\_\_\_ BUILDING SQUARE FOOTAGE \_\_\_\_\_

YEAR OF LAST UPDATE: HEATING \_\_\_\_\_ PLUMBING \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ ROOF \_\_\_\_\_

CONDITION OF BUILDING:  VERY GOOD  GOOD  OTHER (EXPLAIN) \_\_\_\_\_

**II. LIABILITY**

LIMITS OF LIABILITY \$ \_\_\_\_\_ EA. OCCURRENCE \$ \_\_\_\_\_ AGGREGATE

\_\_\_\_\_ MAXIMUM NUMBER OF CHILDREN PERMITTED BY STATE LICENSE (IF REQUIRED)

\_\_\_\_\_ MAXIMUM NUMBER OF CHILDREN ON PREMISES AT ONE TIME

\_\_\_\_\_ SEXUAL ABUSE COVERAGE DESIRED? NOT AVAILABLE FOR 24HR. CENTERS

\_\_\_\_\_ PROFESSIONAL LIABILITY (E&O) - NOT AVAILABLE FOR 24HR. CENTERS

\_\_\_\_\_ NON-OWNED AUTO OR NON-OWNED AUTO INCL. HIRED AUTO COVERAGE DESIRED?  
(NOT AVAILABLE IF COMMERCIAL AUTO POLICY IS IN EFFECT)

ADDITIONAL INSURED TO BE NAMED ON THE POLICY (NAME & ADDRESS)

\_\_\_\_\_

INTEREST (i.e. LANDLORD/PROPERTY MGMT. CO., CITY OR COUNTY PROGRAM) \_\_\_\_\_

**III. ADDITIONAL COVERAGES**

EMPLOYEE DISHONESTY - INCLUDED AT \$5,000 LIMIT  
HIGHER LIMITS AVAILABLE TO QUOTE \$ \_\_\_\_\_

MONEY & SECURITIES INCLUDED AT \$5,000 LIMIT  
HIGHER LIMITS AVAILABLE TO QUOTE \$ \_\_\_\_\_

GLASS: GIVE DESCRIPTION, # OF PANES, AND TOTAL SQUARE FOOTAGE OF EACH PANE TO BE COVERED (PLEASE INDICATE WHICH PANES ARE ABOVE THE 2<sup>ND</sup> FLOOR, IF ANY:

\_\_\_\_\_

**IV. LOSS HISTORY**

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR FIVE YEARS:

DATE OF OCCURRENCE / DESCRIPTION OF CLAIM / AMOUNT PAID BY INSURANCE COMPANY

\_\_\_\_\_

EXPLAIN ANY PAST LOSSES AND DOLLAR AMOUNT OF LOSSES: \_\_\_\_\_

\_\_\_\_\_

CURRENT INSURANCE CARRIER: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

RENEWAL BEING OFFERED?  YES  NO IF NO, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

**PLEASE ANSWER ALL OF THE FOLLOWING:**

IS BUSINESS LOCATED IN:  OWNED RESIDENCE  RENTED RESIDENCE  COMMERCIAL BLDG

LIST OTHER OCCUPANCIES: \_\_\_\_\_

LICENSING AGENCY: \_\_\_\_\_ NUMBER OF YEARS LICENSED: \_\_\_\_\_

OWNER'S RELATED EXPERIENCE AND EDUCATION: \_\_\_\_\_

IS THERE A PRE-EMPLOYMENT BACKGROUND CHECK (INCLUDING PERSONAL REFERENCES, POLICE RECORD, EDUCATION, PHYSICAL/EMOTIONAL)?  YES  NO

THE STAFF BREAKDOWN BY AGE OF CHILD IS:

\_\_\_\_ STAFF FOR \_\_\_\_ CHILDREN 0-2 YEARS

\_\_\_\_ STAFF FOR \_\_\_\_ CHILDREN 2-6 YEARS

\_\_\_\_ STAFF FOR \_\_\_\_ CHILDREN 6 & OVER

THERE ARE \_\_\_\_\_ CHILDREN ENROLLED WHO ARE EMOTIONALLY OR PHYSICALLY HANDICAPPED OR WHO REQUIRE SPECIAL TREATMENT DUE TO MEDICAL PROBLEMS.

HOURS OF OPERATION: MONDAY – FRIDAY \_\_\_\_\_ WEEKEND \_\_\_\_\_

ANY OVERNIGHT CARE?  YES  NO

NUMBER OF OFF-PREMISES FIELD TRIPS: \_\_\_\_\_

WHERE TO AND MODE OF TRANSPORTATION: \_\_\_\_\_

DO YOU UTILIZE SWIMMING FACILITIES ON OR OFF THE PREMISES?  YES  NO  
IF YES, LIABILITY DISCLAIMER REQUIRED, FORWARD COPY.

	YES	NO
ARE THERE ANY PETS ON THE PREMISES	<input type="checkbox"/>	<input type="checkbox"/>
IF SO, WHAT TYPE AND BREED: _____		

ARE THEY SEPARATED FROM THE CHILDREN?	<input type="checkbox"/>	<input type="checkbox"/>
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IS THERE A PLAYGROUND?	<input type="checkbox"/>	<input type="checkbox"/>
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IF YES, DESCRIBE PLAYGROUND EQUIPMENT AND FACILITIES:  
\_\_\_\_\_  
\_\_\_\_\_

IS THE PLAYGROUND FENCED?	<input type="checkbox"/>	<input type="checkbox"/>
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DOES THE FENCE GATE(S) HAVE SELF-CLOSING DEVICES?	<input type="checkbox"/>	<input type="checkbox"/>
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DO PLAY EQUIPMENT AND TOYS MEET THE CONSUMER PRODUCT SAFETY CODE REQUIREMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
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IS ACCIDENT/HEALTH INSURANCE MANDATORY FOR ALL STUDENTS?	<input type="checkbox"/>	<input type="checkbox"/>
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	YES	NO
IS A MINIMUM OF ONE STAFF MEMBER WHO IS CERTIFIED IN FIRST AID PRESENT AT ALL TIMES?	<input type="checkbox"/>	<input type="checkbox"/>
ARE MEDICAL EVALUATIONS OBTAINED AT ENROLLMENT?	<input type="checkbox"/>	<input type="checkbox"/>
ARE MEDICAL CARE RELEASES OBTAINED AT ENROLLMENT?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE DISPENSING OF MEDICATION ONLY BY THE WRITTEN INSTRUCTIONS OF A PHYSICIAN?	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE INSURED HAVE EMERGENCY TRANSPORTATION AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE HOW ILLNESSES AND INJURIES ARE HANDLED:		
_____		
_____		
_____		
DOES THE INSURED COOK HOT FOOD ON PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
ARE THERE WORKING SMOKE DETECTORS?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BATTERY <input type="checkbox"/> ELECTRIC		
ARE THERE WORKING FIRE EXTINGUISHERS?	<input type="checkbox"/>	<input type="checkbox"/>
DATE LAST SERVICED? _____		
ARE ALL UNUSED ELECTRICAL OUTLETS COVERED?	<input type="checkbox"/>	<input type="checkbox"/>
ARE CHILDREN KEPT AWAY FROM THE FOOD PROCESSING AREA?	<input type="checkbox"/>	<input type="checkbox"/>
HOW OFTEN ARE FIRE DRILLS PRACTICED WITH THE CHILDREN? _____		
PEDESTRIAN SAFETY? _____		
TORNADO/STORM? _____		
STRANGERS? _____		

**I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY.**

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE   X   \_\_\_\_\_ DATE: \_\_\_\_\_