

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Day Care Centers & Nurseries**

1. Name of applicant \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_
3. Date established: \_\_\_\_\_
4. Address of location to be insured (If same as above, write "same".)  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Has applicant had previous insurance for this enterprise?  Yes  No  
(If yes, provide the following information)

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? (If yes, provide full details)  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
7. Provide details of licensing or certification needed for this operation: \_\_\_\_\_  
\_\_\_\_\_
8. Provide the number of the following personnel. (Other and Explain)  

_____ Partners, Owners, Officers	_____	_____	
_____ Full Time Staff	_____	_____	
_____ Part Time Staff	_____	_____	
_____ Independent Contractors	_____	_____	
9. During the past 3 years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details.  Yes  No  
Include description of claim, amounts paid and reserves \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim?  Yes  No  
If yes, provide full details \_\_\_\_\_  
\_\_\_\_\_

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past 3 years? (If yes, provide full details below) \_\_\_\_\_  Yes  No

12. Number of children facility is licensed for? \_\_\_\_\_

13. Hours of operation? From \_\_\_\_\_ To \_\_\_\_\_

14. Annual gross receipts? \_\_\_\_\_

15. This operation is located in one of the following: (Please check one)  
 Private home  Church  School  Location built specifically for a day care center or nursery  
 Other Give full explanation. \_\_\_\_\_

16. Please describe:  
 (A) Construction of building \_\_\_\_\_  
 (B) Number of stories \_\_\_\_\_  
 (C) Type of fire protection system \_\_\_\_\_  
 (D) The emergency evacuation plan \_\_\_\_\_  
 (E) Total square footage of building \_\_\_\_\_

17. Give number of children in each age group and teachers/attendants for each group.

Age Group	Number of Children			No. of Teachers	Ratio of teachers to children must meet company requirements.
	Full Day	A.M.	P.M.		
1 Thru 12 Months	_____	_____	_____	_____	
1 Thru 3 Years	_____	_____	_____	_____	
4 Thru 5 Years	_____	_____	_____	_____	
6 Thru 10 Years	_____	_____	_____	_____	

18. Do you require a physical examination or medical certificate before a child is accepted?  Yes  No

19. Do you accept handicapped children?  Yes  No  
 If yes, state the number and degree of handicap # \_\_\_\_\_ Degree \_\_\_\_\_

20. Play equipment on premises:  
 Pool Size: \_\_\_\_\_ X \_\_\_\_\_ FT. Depth: From \_\_\_\_\_ FT. to \_\_\_\_\_ FT.  
 Swings  Jungle Gym  Slide  Sandbox  Trampoline  
 Other (List) \_\_\_\_\_

Is all play equipment securely anchored?  Yes  No

21. Are there any animals on the premises?  Yes  No  
 If yes, explain \_\_\_\_\_

22. Is yard fully fenced?  Yes  No

23. Are there any special classes taught? (swimming, gymnastics, for example)  Yes  No  
 If yes, list \_\_\_\_\_

24. Are there any overnight stays?  Yes  No  
 If yes, give full details \_\_\_\_\_

25. Provide full details of field trips including amount of supervision: \_\_\_\_\_

26. Will you accept a child who is sick?  Yes  No  
If yes, how is situation handled. \_\_\_\_\_

27. Are any medications administered?  Yes  No  
If yes, do you require a signed consent form from parent or guardian?  Yes  No

28. Do you have a before/after school program?  Yes  No  
If yes, who is responsible for seeing the child gets to and from school? \_\_\_\_\_

29. Do you require written notification if someone other than the parent or guardian will be picking up the child?  Yes  No

30. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc.  
Attach a list of all employees along with their experience and qualifications \_\_\_\_\_

Do you use any volunteers?  Yes  No  
If yes, describe \_\_\_\_\_

31.

Type of Coverage Desired	Limits of Liability Desired	Proposed Eff. Date
Professional		
OLT		
Products (Food & drinks served)		
Other		

32. Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime?  Yes  No  
Please provide complete details \_\_\_\_\_

**IF SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE COMPLETE QUESTIONS 33 THROUGH 37.**  
If not desired, please sign application at bottom of page

33. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?  Yes  No  
Please provide details \_\_\_\_\_

34. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there?  Yes  No  
Describe \_\_\_\_\_

35. Does your facility do background checks on all employees and volunteers?  Yes  No  
Describe type of checks performed (prior employer, police, etc.) \_\_\_\_\_

36. Please check the limits you are requesting:  
 \$25,000/50,000     \$50,000/100,000     \$100,000/300,000     \$300,000/300,000

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_