



**MARKEL
INSURANCE
COMPANY**

**CHILD CARE PLUS INSURANCE
PROGRAM APPLICATION**



Endorsed by the National Association
of Child Care Professionals

P.O. Box 2009, Glen Allen, VA 23058-2009
800-431-1270 Fax: 804-527-7966

(Use ACORD forms for Property, Auto, Umbrella, Crime)

This application must be completed in its entirety before being accepted for submission.

General Information - APPLIES TO ALL LOCATIONS

DATE OF APPLICATION _____

1. Proposed effective date: _____ Liability occurrence limits: \$500,000 \$1,000,000
Sexual Abuse limits: \$50,000/\$100,000 \$100,000/\$200,000 \$100,000/\$300,000 \$250,000/\$500,000
 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 [If an umbrella is requested, sexual abuse limits must be
\$1,000,000/\$2,000,000 – check here]
2. Named Insured (as to appear on policy): _____
3. Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Website Address: _____
4. a. Business type: Individual Corporation Partnership LLC Other: _____
b. Profit Nonprofit
c. Commercial Child Care no camp Commercial Child Care with camp Montessori Nursery School Head Start
 Sick Child Facility (Percent of enrollment devoted to sick child care: _____%) In-Home care Private school
(Please complete a Private School application) Other: _____
d. Federal Employer ID No. _____
e. Are you a member of: NAEYC? NCCA? NACCP? Other: _____
5. Is the facility accredited by any of the following? NCCA NAFCC NACCP NAEYC Other _____
(Attach certificate)
6. Number of years applicant has been in this business: _____
7. Person to contact for loss control survey: _____ Phone #: (____) _____
8. Check all that apply and add any others. Attach all brochures and promotional materials. Note that coverage will only apply to disclosed premises and operations. Do you perform the following services: Drop-off care facility Overnight care (see supplement) Sick Child Care (see supplement) Special needs care (see question #35) After school care (Percent of enrollment devoted to after school care: _____%) Temporary care at a shopping mall, convention hall, health club facility or other venue Special instruction (dance, gymnastics, music, etc.) – indicate type(s): _____
 Other operations: _____
9. Do you carry Accident-Medical coverage? Yes No If yes, who is the insurance carrier for Accident Medical coverage? _____

Hiring Practices and Abuse/Molestation Coverage Information - APPLIES TO ALL LOCATIONS

10. Are employees (paid & volunteer) required to complete an employment application? Yes No If no, explain: _____
11. a. Are criminal investigations conducted on all employees (paid & volunteer) before hiring? (This includes any parents who will be regular volunteers in the facility) Yes No
b. Which of the following do you use to do background checks on your employees & volunteers? County criminal record search State criminal record search National criminal index search State prison search Federal prison search Sex offender search Criminal index search Nationwide U.S. Wants & Warrants search Teacher license Education verification FBI
12. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses? Yes No

13. At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her? Yes No Do you require mandatory training for all employees each year about these subjects? Yes No
14. Do you verify employment references? Yes No Do you conduct a personal interview? Yes No
15. Have you had an incident which resulted in an allegation of sexual abuse? Yes No If yes, please describe details in Remarks Section including any resulting claims, the outcome and damages paid.
16. Do you have a written policy addressing abuse and individual contact that may occur between children and volunteers or staff? Yes No
17. Do you have guidelines that prohibit the use of corporal punishment? Yes No
18. Do your rules and guidelines include listing all staff responsibilities for all activities including on and off-premises activities? Yes No

Facility - LOCATION 1 (Complete an additional location supplement for each other location)

19. Do you operate more than one location? Yes No If yes, explain if it's not submitted to us to insure: _____
20. How long has applicant operated at this location? _____
21. Location address, if different than mailing address: _____
22. Is the facility licensed by the State? Yes No If no, explain in Remarks Section.
License # _____ Date of Expiration _____
23. Has the license ever been revoked? Yes No If yes, explain: _____
24. Hours of operation: From _____ to _____ Number of days per week: _____ Number of months per year _____
25. Child care facility located at: Private home Church Apartment YMCA Commercial Bldg. Other: _____
26. List other occupancies in the same building: _____
27. List adjacent businesses: _____
28. Additional Insured required? Yes No Name _____
Address _____ Relationship: _____

Personnel - LOCATION 1 (Complete an additional location supplement for each other location)

29. Name of Executive Director/Manager: _____
Number of years in child care: _____ Specialized training or education: _____
30. Number of teachers with degrees: _____ Number of teachers without degrees: _____
31. Number of Aides: _____ Number of Volunteers: _____ Number of Nurses: _____ Number of EMTs: _____
32. Number of Kitchen Staff: _____ Number of Janitorial Staff: _____ Other (describe position and number of employees): _____
33. Total number of employees: _____ Any employees under 18 years of age? Yes No If yes, how many? _____
List position and how they are supervised: _____
34. Is there always someone trained in CPR and first aid on the premises? Yes No

Enrollment - LOCATION 1 (Complete an additional location supplement for each other location)

35. Licensed Capacity: _____ Current Enrollment: _____ Average Number of Children per day: _____
36. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?

Infants, ages 0-1	_____ # Staff	_____ # Children
Toddlers, ages 1-2	_____ # Staff	_____ # Children
Toddlers, ages 2-3	_____ # Staff	_____ # Children
Preschoolers, ages 3-5	_____ # Staff	_____ # Children
School age children	_____ # Staff	_____ # Children
	_____ Total	_____ Total

37. Are "special needs" children cared for? Yes No
- If yes, how many? _____
 - Is someone on your staff trained to care for these children? Yes No
 - Is physical therapy provided? Yes No If yes, is it provided by a contracted professional who provides you with a certificate of insurance? Yes No
 - Is an aide assigned to accompany the child? Yes No
 - Describe the disabilities and special arrangements made to care for these children: _____

Play Facilities - LOCATION 1 (Complete an additional location supplement for each other location)

38. Does the facility have its own play area? Yes No If no, give name of play facility used: _____
Does the playground you use meet all safety requirements of the CPSC (Consumer Products Safety Commission)?
 Yes No
39. Is play area fenced? Yes No List all playground equipment: _____
40. Please indicate type of surface under play equipment and depth in inches: Coarse Sand: _____" Double Shredded Mulch: _____" Engineered Wood Fibers: _____" Fine Gravel: _____" Fine Sand: _____" Medium Gravel: _____" Shredded Tires: _____" Wood Chips: _____" Other (type & depth): _____
41. Was equipment installed by, or has it been inspected by, someone certified in playground safety? Yes No
How often are regular maintenance and routine inspections performed on the equipment? At least: Weekly Monthly Only as needed Other (Specify): _____
42. Does the center have playground equipment with a primary platform higher than 6 feet? Yes No Is there any play apparatus higher than 8 feet? Yes No If yes, describe: _____
43. Do you utilize swimming facilities? Yes No If yes, complete the Swimming Pool Supplement.

Operations- LOCATION 1 (Complete an additional location supplement for each other location)

44. To prevent children from accessing cooking areas, stoves, microwave ovens, etc., please indicate which of the following precautions are taken: Separate kitchen with closed door Gate covering entrance to kitchen area Other _____
45. To prevent children from being released to unauthorized persons, please indicate which of the following precautions are taken: Sign-out sheet Staff member must see the person before child is released Staff member calls parent when unfamiliar person comes to pick up child Staff member checks ID against child's "approved" pickup list before releasing child Other: _____
46. Please indicate which of the following procedures are used when dispensing medications to children: Written parental permission is required Written instructions for use is provided by the parent Medication is kept in its original container/package Written records are kept of all medications dispensed Other: _____
47. Are there any pets at this location? Yes No If yes, describe the pet, including size: _____
48. Are special classes provided (like music, dance, gymnastics, etc.)? Yes No If yes, explain in remarks section. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage? Yes No
49. Do you warm baby bottles in an area not accessible to children? Yes No
50. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media in the event of an abuse allegation or incident or other type of crisis? Yes No
51. Does the facility have an emergency evacuation plan posted and is it practiced? Yes No
52. Does the facility have video cameras installed to monitor all daily activities? Yes No

Field Trips and Special Events - LOCATION 1 (Complete an additional location supplement for each other location)

53. Number of field trips conducted each year: _____
- Is an attempt made to obtain release forms from both parents/guardians for each trip whenever possible? Yes No
 - Are any trips overnight? Yes No

- c. Are staff to child ratios maintained or increased for trips? Yes No
 - d. Are all children required to wear an identification badge? Yes No
 - e. Describe types of field trips: _____
54. Do you sponsor any special events or fund-raising activities? Yes No If yes:
- a. For each event, list the following in the Remarks section: Type of event, number of participants, planned activities, expected revenue, length of time, whether or not liquor is served and if you obtain Certificates of Insurance from all vendors.
 - b. Do you rent facility to others? Yes No If so, to whom and for what purpose? _____
 - c. Do you obtain Certificates of Insurance from them? Yes No

Transportation - LOCATION 1 (Complete an additional location supplement for each other location)

55. Does the facility provide transportation to and from the center? Yes No
56. Does the facility provide transportation for field trips? Yes No If yes, on average, how far from the facility are the field trips? _____
- If no, indicate how transportation is provided: Vans are rented with drivers Vans are rented without drivers Buses are rented with drivers Buses are rented without drivers Parents, staff and volunteers drive their own cars Other: _____
57. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside? Yes No
58. Are all drivers at least 21 years of age? Yes No Do you obtain MVRs on all drivers? Yes No
59. Do all drivers of applicable vehicles have a CDL license in accordance with state regulations? Yes No
60. Do employees/volunteers transport children in their own vehicles? Yes No If yes, how often: _____
61. Total number of owned vehicles: _____ Total number of hired vehicles: _____ Annual cost of hire: \$ _____
62. Are Certificates of Insurance required:
- a. From drivers of personal vehicles showing auto liability limits of at least \$300,000? Yes No
 - b. From drivers of hired vehicles showing liability limits equal to or greater than the insured's limits? Yes No

Accident Medical Coverage (Complete if requested) – APPLIES TO ALL LOCATIONS

63. Numbers of students by age: Under 7 years old _____ Over 7 years old _____
64. Plan Desired:
- Plan A \$12,500 Accident Medical Expense, \$10,000 Accidental Death & Dismemberment, \$0 Deductible
 - Plan B \$20,000 Accident Medical Expense, \$10,000 Accidental Death & Dismemberment, \$0 Deductible

Prior Coverage – APPLIES TO ALL LOCATIONS

65. Has any prior coverage been cancelled or non-renewed? Yes No If yes, explain: _____

66. Prior Policy Information

<u>Policy Type</u>	<u>Company</u>	<u>Effective Date</u>	<u>Limit</u>	<u>Total Premium</u>
Accident Medical	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Property	_____	_____	_____	_____
Auto	_____	_____	_____	_____
Other	_____	_____	_____	_____

Loss History – APPLIES TO ALL LOCATIONS

Enter all claims or occurrences that may give rise to claims for the prior 5 years; or check here if None; or See attached Loss Summary

<u>Date of Occurrence</u>	<u>Line of Insurance</u>	<u>Type/Description of occurrence or claim</u>	<u>Date of Claim</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>	<u>Claim Status</u>
						O C
						O C
						O C

Check for Claim Status: O = Open, C = Closed

Additional Coverages

Please indicate which of the following important additional coverage enhancements we may quote for you:

- Umbrella Liability
- Food Contamination & Communicable Disease Coverage
- Directors' & Officers' Liability (Non-profit entities only)
- Key Employee Replacement Coverage
- Child Abduction Coverage

Remarks (IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER)

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____