

Western World Insurance Company

For

Tudor Insurance Company

# Day Care Centers & Nurseries

1. Name of Applicant: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Applicant's Web Site address: \_\_\_\_\_

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

Effective Dates Desired From: \_\_\_\_\_ To: \_\_\_\_\_

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, certification or registration needed for this operation: \_\_\_\_\_  
 \_\_\_\_\_

8. Are you currently operating under a license "warning"?  Yes  No  
 If YES, provide full details: \_\_\_\_\_  
 Has your license ever been suspended or revoked?  Yes  No  
 If YES, provide full details: \_\_\_\_\_  
 Do you have any outstanding violations cited in an inspection that have not been corrected?  Yes  No  
 If YES, provide full details: \_\_\_\_\_  
 \_\_\_\_\_

9. Provide the number of the following personnel. (Other and Explain)

_____ Partners, Owners, Officers	_____	_____
_____ Full Time Staff	_____	_____
_____ Part Time Staff	_____	_____
_____ Independent Contractors	_____	_____

10. 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: \_\_\_\_\_

11. 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: \_\_\_\_\_

12. 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  
 \_\_\_\_\_

13. Number of children facility is licensed for? \_\_\_\_\_  
 Average daily attendance? \_\_\_\_\_

14. Hours of operation? From: \_\_\_\_\_ To: \_\_\_\_\_

15. Annual gross sales? \_\_\_\_\_

16. 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. \_\_\_\_\_

17. 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 \_\_\_\_\_  
 (F) Functioning and operational fire extinguishers on premises?  Yes  No  
 (G) Functioning and operational smoke and/or heat detectors on premises?  Yes  No

18. Do you meet state staffing requirements?  Yes  No  
 Give number of children in each age group and teachers/attendants for each group.

Age Group	Number of Children			No. of Teachers
	Full Day	A.M.	P.M.	
1 Thru 12 Months	_____	_____	_____	_____
1 Thru 3 Years	_____	_____	_____	_____
4 Thru 5 Years	_____	_____	_____	_____
6 Thru 10 Years	_____	_____	_____	_____

Ratio of teachers to children must meet state staffing requirements.

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

20. Do you accept physically or mentally challenged children?  Yes  No

If yes, state the number and degree of handicap # \_\_\_\_\_ Degree \_\_\_\_\_

21. Play equipment on premises:  
 Swings  Jungle Gym  Slide  Sandbox  Trampoline  Inflatable bounce equipment  
 Other (List): \_\_\_\_\_  
 Is all play equipment securely anchored?  Yes  No  
 Is there impact absorbing material under and around play equipment?  Yes  No
22.  Pool  Wading  Above ground  Inground  
 Size: \_\_\_\_\_ X \_\_\_\_\_ FT. Depth: From \_\_\_\_\_ FT. to \_\_\_\_\_ FT  
 Is pool fenced?  Yes  No Height of fence \_\_\_\_\_ feet.  
 Is pool locked when not in use?  Yes  No  
  
 Are day care children allowed to use the pool?  Yes  No  
 If so, what is the ratio of adults to children when they are in the pool? \_\_\_\_\_  
  
 What is the age of the pool? \_\_\_\_\_  
 Number of pool drains per pool? \_\_\_\_\_  
 Do all pool drains and grates have covers that cannot be removed without the use of a tool?  Yes  No  
  
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No  
 If NO provide full details: \_\_\_\_\_  
 Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate?  Yes  No  
 Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain?  Yes  No  
 Are dual or multiple drains at least three (3) feet apart?  Yes  No  
  
 Number of diving boards \_\_\_\_\_ Height of boards \_\_\_\_\_  
 Number of slides \_\_\_\_\_ Height of slides \_\_\_\_\_
23. Are there any animals on the premises?  Yes  No  
 If yes, explain \_\_\_\_\_  
 If there are dogs, list breed(s) \_\_\_\_\_
24. Is yard fully fenced?  Yes  No
25. Are there any special classes taught? (swimming, gymnastics, for example)  Yes  No  
 If yes, list \_\_\_\_\_
26. Are there any overnight stays?  Yes  No  
 If yes, give full details \_\_\_\_\_
27. Provide full details of field trips including amount of supervision: \_\_\_\_\_  
 \_\_\_\_\_  
 Are consent forms obtained from all parents before a field trip?  Yes  No
28. Will you accept a child who is sick?  Yes  No  
 If yes, how is situation handled. \_\_\_\_\_
29. Are any medications administered?  Yes  No  
 If yes, do you require a signed consent form from parent or guardian?  Yes  No
30. Do you have a before/after school program?  Yes  No  
 If yes, who is responsible for seeing the child gets to and from school? \_\_\_\_\_  
 \_\_\_\_\_
31. Do you require written notification if someone other than the parent or guardian will be picking up the child?  Yes  No

32. 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 \_\_\_\_\_

33. **Limits of Insurance Requested:**

General Aggregate Limit (Other Than Products – Completed Operations) \$ \_\_\_\_\_  
Products – Completed Operations Aggregate Limit \$ \_\_\_\_\_  
Personal and Advertising Injury Limit \$ \_\_\_\_\_  
Each Occurrence Limit \$ \_\_\_\_\_  
Damage to Premises Rented by You (Up To \$100,000 Limit Available) \$ \_\_\_\_\_ Any One (1) Premises  
Medical Expense Limit (Up To \$5,000 Limit Available) \$ \_\_\_\_\_ Any One (1) Person  
Each Professional Incident Limit (If Applicable) \$ \_\_\_\_\_

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

**FOR SEXUAL MOLESTATION COVERAGE , PLEASE COMPLETE QUESTIONS 35 THROUGH 37.**

\$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here  Coverage is NOT requested.

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

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

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

38. Are there written guidelines in place regarding sexual misconduct?  Yes  No  
If NO, please explain \_\_\_\_\_

39. Please check the limits you are requesting:  \$25,000/50,000 - included  
 \$50,000/100,000  \$100,000/300,000  300,000/600,000  \$500,000/1MM  \$\$1MM/2MM

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

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

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

Producing Agent: \_\_\_\_\_