

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

DAY NURSERIES AND PRESCHOOLS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. **Location of premises:** _____

2. **Description of Operations:** In-Home Day Care Day Care Center Before/After School Program
 Sick-Child Day Care Part of an Organization (describe): _____

3. **Is applicant licensed?**..... Yes No

License number: _____

Maximum number of children permitted by license: _____

4. **Maximum number of children on premises at any one time:** _____

5. **Average daily attendance:** _____

6. **Indicate the number of children within each age group and the corresponding number of attendants assigned:**

Age Group	Number of Children	Number of Attendants
1 to 6 months		
6 to 12 months		
1 to 3 years		
over 3 years to 8 years		
over 8 years		

7. **Total number of employees:** _____

Any leased employees?..... Yes No

8. **Are criminal background checks completed on employees?**..... Yes No

9. **Any previous or pending allegations of sexual or physical abuse?**..... Yes No

10. **Please describe the building (age, construction, exits, etc.):** _____

11. **Please describe the play equipment and facilities:**

Trampoline?..... Yes No

Play area fully fenced?..... Yes No

Above-ground In-ground Swimming pool?..... Yes No

Swimming pool slides or diving boards?..... Yes No

Wading pool (less than 24 inches deep)?..... Yes No

Life safety equipment at poolside?..... Yes No

Pool area fenced with self-latching gate?..... Yes No

Is one of the attendants a certified lifeguard or CPR certified?..... Yes No

11. Play equipment and facilities (continued):

Any natural bodies of water (lakes, rivers, streams, etc.) on property?..... Yes No

Ratio of attendants to children while swimming? _____ to _____

Other (describe): _____

12. Describe how injuries and illnesses are handled: _____

13. Any special classes taught? Yes No

If yes, please describe: _____

14. Please describe the nature of any field trips (number of trips, who transports, etc.): _____

15. Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used.

Any medication dispensed? Yes No

If yes, please describe: _____

16. Does applicant have an accident and health policy covering students? Yes No

Carrier _____ Policy Number _____ Policy Term _____

17. Are children released only to custodial parent or guardian? Yes No

If no, describe authorization procedure: _____

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____