



Childcare Application

Agency Name _____ # _____ Quote Only Issue Policy
 Producer _____ Effective Date _____
 Additional Coverages*: Auto Workers Comp.** Umbrella EPLI(Stand Alone) D&O None

*Note: A separate ACORD or NSI application must be completed for each of these coverages.

**Note: Workers Compensation is not applicable in Indiana, Michigan and Ohio.

APPLICANT INFORMATION:

Applicant's Name _____ County _____
 Mailing Address: _____ City _____ State _____ ZIP _____
 Contact Person _____ Phone # _____
 Applicant is a: Individual Partnership Corporation LLC Other (specify) _____

PREMISES INFORMATION

| Location # | Building # | Street, City, County, State, ZIP |
|------------|------------|----------------------------------|
| | | |
| | | |
| | | |

GENERAL INFORMATION – Explain all “Yes” responses below.

1. Has any policy or coverage been declined, cancelled or non-renewed in the past 3 years? Yes No
2. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring? Yes No
3. Has there ever been an allegation of sexual abuse made against the applicant? Yes No
4. Does the operation have liability insurance with NSI or West Bend Mutual Insurance Company? Yes No
5. Does the applicant own any buildings with more than 2 apartments at any one covered location? Yes No
6. In the last 3 years, has the operation had any losses or claims? Yes No
7. In the past 3 years, has any prior policy been cancelled, declined, or non-renewed? Yes No
8. States in which the operation does business: IA IL IN MI MN OH* WI
 * A signed Ohio Fraud statement is required for applications.
9. Does the applicant perform any operations, childcare or non-childcare, outside of Iowa, Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin? Yes No
10. Does the applicant perform any non-childcare operations? Yes No
11. Any Commercial Automobile coverage being quoted or issued by NSI or another carrier? Yes No

Explain all “Yes” responses: _____

Prior Insurance Information

| Prior Carrier | Eff./Exp. Date | Policy Number | Policy Premium |
|---------------|----------------|---------------|----------------|
| | | | |
| | | | |
| | | | |

Loss History Check here if there are no prior claims.

| Date of Occurrence | Description of Claim | Amount Paid | Claim Status (Check One) |
|--------------------|----------------------|-------------|---|
| | | | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

LIABILITY SECTION

1. ANSWER ALL OF THE FOLLOWING QUESTIONS:

A. GENERAL QUESTIONS: NOTE - Center MUST be licensed or certified to be considered for coverage. (Or 'Registered' for Iowa only)

1. Is the center : Licensed Certified Registered (Iowa Only) None (Note: Attach a copy of state license with application)
2. How many years in business? _____
3. Yes No In the past 12 months, have any complaints been filed with the Licensing Board against applicant's facility?
If Yes, explain and provide documentation _____
4. Yes No In the past three years, has any of the applicant's licenses been revoked, suspended, or placed under probation?
If Yes, explain and provide documentation _____
5. How many children is the applicant licensed to care for? Loc #1 _____ Loc #2 _____ Loc #3 _____
(Note: The GL exposure is based on the number of children shown on state license/certificate or registration.)
6. Is applicant licensed/certified for: Note - Grades 1- 12 & Home schools are not eligible
 Infant care 24hour care Sick child care Before/After School care K4/K5 Other _____
7. What are the center's hours of operation? _____ a.m to _____ p.m.
8. Yes No Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees? (If no, Abuse and Molestation coverage is not available)
If yes, how often? _____
9. Yes No Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective volunteers? (If no, Abuse and Molestation coverage is not available)
If yes, how often? _____
10. Yes No Does applicant have a Student Accident Insurance Policy in effect?

B. EMPLOYEE OPERATIONS

If the applicant has any employees or volunteers, please complete all of the following questions. If the applicant is the only employee, please move on to Section C.

1. Indicate the number of employees: _____ Full-time _____ Part-time
2. Indicate the number of volunteers: _____ Full-time _____ Part-time
3. Yes No Has there ever been an allegation of sexual abuse made against the employee or volunteer?
If yes, please explain: _____

C. OTHER OCCUPANCIES

1. Is the center located in a: private home commercial bldg. school church other (describe) _____
 - a. If located in a private home, provide the name of the homeowner's insurance company: _____
 - b. If located in a commercial building, please answer all of the following:
 1. Yes No Are there any other occupants in this building?
If yes, please list all other occupants: _____
 2. Yes No Does the applicant own the building?
 - a. Yes No Does the insured lease any space to other tenants?
If yes, what is the square footage of the area leased out? _____
If yes, copies of the Lease Agreements must be attached.
 - b. Yes No Are any residential apartments located within this building?
NOTE: If there are more than 2 apartments, you must contact the NSI Underwriter before submitting.
If yes, how many apartments: _____ You must attach a copy of tenant's HO4 & Lease Agreement .

D. TRANSPORTATION:

1. Yes No Does the applicant provide any transportation of registrants? If yes, please answer the following:
 - a. Do you transport children in: private vehicles hired vehicles public transportation other _____
 - b. What is the youngest age of any driver: _____
 - c. Yes No Do you have a Commercial Auto policy? If yes, provide name of company: _____

E. WATER ACTIVITIES:

1. Yes No Does the applicant provide any on or off premises water activities? If yes, answer the following questions:
- a. Describe any water activities on the premises:
 pool wading pool (2 ft. or less) other (explain) _____
- b. Yes No If there is a pool or wading pool, is it fenced?
- c. Yes No Is there a diving board? If yes, please contact NSI Underwriting Department.
- d. Yes No Is there a slide? If yes, please contact NSI Underwriting Department.
- e. Yes No Is there a certified life-guard on staff at the premise where the water activities are held?
 *If no, maximum available limit for Water Activities Liability is \$150,000 per occurrence/\$150,000 aggregate.
- f. Yes No Are children allowed to participate in off-premises water activities?
 If yes, please describe: _____
- g. Yes No Is written permission obtained from parents for any water activities?
 If yes, please describe: _____

F. OTHER ACTIVITIES

1. Yes No Is there a trampoline on the premises?
2. Yes No Is there any gymnastic equipment on the premises?
 If yes, please describe: _____
3. Yes No Are there any dogs on the premises?
 If yes, please list the breed and any previous biting history: _____
4. Yes No Are there any other pets or animals on the premises?
 If yes, please describe: _____
5. Yes No Are the children allowed contact with any animals?
 If yes, please describe: _____

2. PER OCCURRENCE/AGGREGATE LIMITS

- \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000 \$1,000,000/3,000,000
- \$10,000 Medical Payment (Included) \$200,000 Fire Legal (Included)

3. ANY ADDITIONAL INSURED

- Yes No
- Managers or Lessors _____ Managers or Lessors _____
- Other _____ Other _____

4. OPTIONAL LIABILITY COVERAGES

Check "Yes" if you would like us to include the following coverages in our quote. Check "No" if you do not want to include the coverage.

| | | |
|---|------------------------------|-----------------------------|
| Abuse & Molestation Coverage - Optional Optional coverage is available for Physical Abuse or Sexual Molestation excluding the perpetrator. Multiple incidents to one person shall be deemed to be one occurrence and subject to coverage limits in effect at the time of the first incident. Coverage is limited within the General Liability Limits. Prior to providing coverage, Childcare operators must conduct personal background checks on all employees and volunteers (and all residents 18 years and older at in-home operations) or have signed affidavits as required by state statute. Background checks must be done regularly & maintained in file for all current & past employees including in-home residents (18 and older). (Note: Abuse and Molestation cannot be excluded in IL) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dog & Cat Liability Coverage (In-home centers only) - This endorsement provides a \$50,000 Per Occurrence and \$50,000 General Aggregate Limit of liability for bodily injury or property damage arising out of the insured's ownership, or care, custody, or control of any dog and/or cat. It is only available for in-home operations. (Damages arising out of the insured's ownership, or care, custody, or control of any dog and/or cat are otherwise excluded from coverage). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hired & Non-owned Auto Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water Activities - \$150,000/\$150,000 Limit - This endorsement provides a \$150,000 per occurrence, \$150,000 general aggregate limit of coverage. <input type="checkbox"/> Pool <input type="checkbox"/> Wading Pool (2 feet or less) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water Activities On & Off Premises - Policy Limit The limit of liability for water activities is the same as, and included within, the General Liability policy limit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Roll-on EPLI <input type="checkbox"/> \$100,000 Limit <input type="checkbox"/> \$250,000 Limit (only available if 19 or less employees) Provide number of employees. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee Benefit Liability Provide number of employees. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PROPERTY COVERAGES/BUILDING INFORMATION: Property coverage desired? Yes No

1. Location # _____ Building # _____

- 1. Construction: Frame Joisted Masonry NonCombustible Masonry NonCombustible Fire Resistive
2. Building Information: Total Square Feet of Building _____ No. Stories _____ Prot. Class _____
Total Square Feet Leased Out _____ % Occupied _____ Age of Bldg. _____
3. Building Improvements: Wiring Year _____ Roofing Year _____ Plumbing Year _____ Heating Year _____
4. Yes No Is building sprinklered?
5. Feet to hydrant _____ Miles to Fire Station _____

LIMITS/VALUATION: RC RC Improvements & RC
Building: \$ _____ ACV Contents: \$ _____ ACV Betterments: \$ _____ ACV

PROPERTY DEDUCTIBLE: \$250 \$500 \$1,000 \$2,500

Location # _____ Building # _____

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LIMITS/VALUATION: RC RC Improvements & RC
Building \$ _____ ACV Contents: \$ _____ ACV Betterments: \$ _____ ACV

2. ANY OPTIONAL PROPERTY COVERAGES: Yes No

- A. Yes No Computer Coverage in excess of \$25,000? Excess limit \$ _____
B. Yes No Condominium Unit – Owners Coverage
C. Yes No Earthquake – Building Yes No Earthquake – Personal Property
D. Yes No Legal Liability in Excess of \$200,000: Building Limit \$ _____
E. Yes No Outdoor Detached Signs in Excess of \$10,000. Excess Limit \$ _____
F. Yes No Money and Securities (Note: \$15,000/\$7,000 inside/outside is automatically included in Plus Pak)
1. Inside Premises in Excess of \$15,000. Excess Limit \$ _____
2. Outside Premises in Excess of \$7,000. Excess Limit \$ _____
G. Yes No Employee Dishonesty
1. Number of Employees _____
2. Limit: \$10,000 \$25,000 (Contact Company for Higher Limits)

3. ANY ADDITIONAL INTERESTS: Yes No

- Mortgagee _____ Mortgagee _____
 Loss Payee _____ Loss Payee _____

WORKER'S COMPENSATION (Not applicable in Indiana, Michigan, and Ohio)

IF A QUOTE FOR WORKER'S COMPENSATION COVERAGE IS BEING REQUESTED

PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION.

A THREE YEARS LOSS HISTORY MUST BE SUBMITTED FOR ALL WORKERS COMPENSATION QUOTES

- 1. Yes No Is there a written return to work program in place, to encourage/assist employees in rejoining the workforce?
If yes, please attach a copy

STOP GAP LIABILITY (Ohio only)

- 1. Is Stop Gap Liability requested? Yes* No
*If yes, please choose desired limits: \$100,000/\$500,000/\$100,000 \$500,000/\$500,000/\$500,000
 \$500,000/\$1,000,000/\$500,000 \$1,000,000/\$1,000,000/\$1,000,000

Billing *Down payment should accompany application

1. Will customer be paying by Electronic Funds Transfer? Yes No
 If yes: Type of Bank Account: Checking Savings Money Market
 Routing Transit Number: _____ Account Number: _____
 If no: Bill to: Insured Agency
 Payment Plan: Bill in Full Semi-Annually Quarterly Down payment + 5 installments
 Down payment + 9 installments 10 equal payments 11 equal payments 12 equal payments
2. Select a Down Payment option: Credit Card Sweep of your Agency Account No Down Payment
 If Credit Card: Type: VISA MasterCard Discover
 Number: _____ Expiration Date (mm/yyyy) _____

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

NOTICE: PLEASE READ BEFORE SIGNING!

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing. You are advised that you may make a request within a reasonable time after receipt of this Notice for a disclosure by **West Bend Mutual Insurance Company** of the nature and scope of the investigation requested.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date _____ Time _____ Applicant's Signature _____
 Agency Name and Producer's Signature _____

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