

Tab or Click from field to field. Go back to previous field by hitting Shift+Tab. Help appears at lower left of the screen for most fields.

SUBMISSION REQUIREMENTS

- Center License;
- Fully completed and signed ACORD application;
- A minimum of three years loss experience from prior carrier(s) including details of all losses over \$5,000;
- List of all drivers, license numbers and dates of birth. MVRs if available;
- Photographs of each location **including playground equipment**;
- If this is a new venture, include a copy of the director resume

I. APPLICANT INFORMATION

Named Insured: _____			Effective Date: _____	
Location Address	Street: _____	City: _____	State: _____	Zip: _____
email Address: _____		Website: _____		
Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____				
Programs Offered: <input type="checkbox"/> Commercial Childcare <input type="checkbox"/> Pre-school <input type="checkbox"/> Montessori <input type="checkbox"/> Headstart <input type="checkbox"/> Other _____				
Do you have a summer camp exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date facility opened: _____			FEIN number: _____	
Years under current ownership: _____				

II. LOCATION INFORMATION (If multiple locations, complete additional location supplements)

This Center is located in a:

Private Home

Church, or other religious affiliated facility

Separate building

School, and there are _____ school age (1st Grade or older) children enrolled in the school program or center is providing a latch key program in a public school.

Other, please explain _____

The center is a _____ story building and has _____ square feet.

How old is the roof _____, electrical system _____, heating system _____, plumbing _____, Water heater _____?

If any of the above have not been updated within the last 15 years, a copy of latest inspection required for each.

The Center is Open for operation: _____ hours per day; _____ days per week; _____ months per year.

• Is the structure a Multiple Occupancy Facility or Freestanding building? Yes No

• Are there any individuals residing in the building? Yes No
If YES, Owner Tenant Employee

• Is this structure a converted dwelling? Yes No
 Please explain any modifications made and when: _____

LICENSING:

• Is this Center licensed? Yes No The license expires on ____ / ____ / ____ .The Center is licensed for a capacity of _____ children. (Please attach a copy of license for each location)

• Has this Center's license ever been revoked, suspended or issued with contingencies? Yes No

• Is this Center Accredited? Yes No
If YES, by whom: _____ (Please attach copies of accreditation certificates)

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CURRENT ENROLLMENT:

- The total enrollment of the Center is ____ children. There are ____ full-time students and ____ part-time students.
- The average daily attendance is ____.
- The number of enrolled children with an emotional, mental or physical handicap or disability is _____. These handicaps include the following: _____.
- The number of enrolled children that require a special diet is _____. These diets include the following: _____.

Staffing: Please complete the number of staff and children by Age Group below (if attendance varies, use maximum possible number of children)

Age Group	Number of Staff	Number of Children
0 to 12 mos.		
1 year olds		
2 year olds		
3 year olds		
4 year olds		
5 year olds		
6 years and up		
Total:		

III. MANAGEMENT EXPERIENCE and PROCEDURES

Describe each Owner / Operator of the Center:

Name	Duties	Degree(s)	Child Care Experience
1) _____	1) _____	1) _____	1) _____
2) _____	2) _____	2) _____	2) _____
3) _____	3) _____	3) _____	3) _____

Is any staff under 18 years of age? Yes No
If YES, describe duties _____

- Do you have an Accident & Health policy? Yes No
 - Would you like McKee to quote Medical Payments for students? Yes No
- Is the coverage mandatory for all students? Yes No
- Is the coverage Primary or Excess?
- Do you have Employee Benefits Liability?
 - Would you like McKee to quote Employee Benefits Liability? Yes No
 - If YES**, please provide the following:
 Limits of Insurance: _____ per claim/ _____ aggregate
 Number of Employees _____

Which of the following do you utilize as part of your **employment screening process**? (Check all that apply)

<input type="checkbox"/> Background Check	<input type="checkbox"/> MVR Check	<input type="checkbox"/> Criminal Record Investigation	<input type="checkbox"/> TB Test
<input type="checkbox"/> Drug/Alcohol Testing	<input type="checkbox"/> Personal References	<input type="checkbox"/> Verification of Education	<input type="checkbox"/> Employment Application
<input type="checkbox"/> Fingerprint check	<input type="checkbox"/> Pre-employment physical		

- Does this screening process apply to **volunteers** as well? Yes No
- Any use of leased employees? Yes No

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• Is a minimum of one staff member certified in First Aid present at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is a minimum of one staff member certified in CPR present at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• How many times per year do you conduct fire drills? _____ Times per year	
• Are special classes (Gymnastics, Dance, Computer, etc.) provided? If YES , which types? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If an independent contractor on your premises teaches classes, do you require proof of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Do you provide sick child facilities? If YES , please explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are medical evaluations from the child's physician or guardian required at enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is dispensing of medication subject to written instructions from physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are releases obtained from parents for emergency medical treatment and/or dispensing of medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABUSE and MOLESTATION PROCEDURES:	
• Do you have a written policy and procedure addressing child abuse and/or molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are new hires placed on a probationary period? If YES , please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are all caregivers (paid and volunteer) required to complete an employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does the employment application include questions regarding convictions of any crimes, including child abuse offenses or any crimes of a sexual nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Have any public authorities ever investigated you, your Center(s) or your past or present employees / volunteers relating to abuse or molestation? If YES , please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Have any allegations or civil or criminal actions been brought against you, your Center(s) or your past or present employees / volunteers relating to abuse or molestation? If YES , please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are you aware of any incidents, circumstances or actions, which may lead to an allegation of child abuse or molestation, being filed against your Center? If YES , please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Have any claims been paid under the abuse and molestation coverage? If YES , provide explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECURITY:	
• Do you have a written emergency / security plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Do you have a written evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are parents required to sign in and sign out students daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Describe your policy on releasing or signing-out children into the custody of others: _____	
• What security measures are in place at your locations? (check all that apply)	
<input type="checkbox"/> Electronic door locks <input type="checkbox"/> Alarmed doors <input type="checkbox"/> Security Cameras <input type="checkbox"/> Armed Guards	
<input type="checkbox"/> Unarmed Guards <input type="checkbox"/> Other _____	

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IV. TRANSPORTATION

- Does your Center transport children between the center and a school? Yes No
 If YES, what is the average distance traveled? _____
 Any major highways used? _____ Yes No
- Does your Center transport children between their homes and the Center? Yes No
- Does your Center transport children on Field Trips? Yes No
 If YES, on average how far from the facility are the trips? _____
 Any major highways used? Yes No
- **Does the Center have a post-travel routine to verify all children have exited bus?** Yes No
- Do all children wear safety restraints in the vehicle? Yes No
- Are all vehicles titled to the day care center? Yes No
- What is the percentage of personal use for any private passenger type vehicles? _____
- Are all vehicles garaged at the center? Yes No
 If NO, any youthful drivers or a spouse in the household of where the vehicle is garaged? Yes No
- Do you have a fleet or driver **safety program** in place? Yes No
 If YES, please describe _____
- Do you have a **fleet maintenance program** in place? Yes No
 If YES, please describe _____
- Do you obtain MVRS on your employees? Yes No
 How often? _____
- Do any of the employees transport children in their cars? Yes No
 If YES, please describe _____
 Does the center require proof of liability insurance? Yes No
 What are the minimum limits required? _____
- Do any of the parents transport children in their cars on field trips? Yes No
 If YES, does the center require proof of liability insurance? Yes No
 What are the minimum limits required? _____

V. OPERATIONS

- Does the Center provide overnight care? Yes No
 If YES, please describe the security policy _____
- Does the Center accept drop-in children for the day? Yes No
 If YES, please describe the drop-in policy _____
 Approximately how many drop-in children are accepted weekly? _____

COOKING:

- How are bottles warmed?
 Microwave Stove Crock-pot Hot plate Other _____
- If these devices are located inside the infant room, are the infants completely segregated from the heating device? Yes No

OFF-PREMISES EXPOSURE:

- Are field trips taken, or do you anticipate taking field trips in the future? Yes No
 If YES, describe the **types of trips**, their **frequency** and the **maximum distance traveled** below:
 Types: _____
 Frequency: _____ trips per year
 Max Distance Traveled: _____ miles
 How are children transported? _____
 Do you obtain written permission from parents / guardians? Yes No
 Which of the following do you utilize during field trips? (check all that apply)
 same color t-shirts for attendees name tags parent volunteers

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PLAYGROUND:

- Does the facility have a playground? Yes No
- If YES:**
- Is the playground fenced-in? Yes No
- Is the playground equipment organized so that it is age-appropriate? Yes No
- Playground equipment is on what type of ground covering? _____
- How deep is the ground cover? _____
- Do playground equipment and toys meet the consumer safety code requirements? Yes No
- Do you have a trampoline on the premises? Yes No
- What is the maximum height of the playground equipment? _____
- How often is playground inspected? _____
- Describe routine maintenance procedures (include timeframes and maintenance performed): _____

SWIMMING:

- Does the Center utilize, or plan to utilize in the future, swimming facilities? Yes No
- If YES,**
- Minimum age of children allowed in water _____
- Diving boards? Yes No
- If YES,** Height(s) _____ feet.
- Sliding boards? Yes No
- Pool depths marked? Yes No
- Is the pool fenced-in? Yes No
- Is there self-locking gate(s) Yes No
- Is supervisory staff trained in water safety? Yes No
- Lifeguard on duty? Yes No
- Which of the following describes the swimming facilities utilized (check all that apply)
- Private Pool**
 - Above ground Below ground Plastic Cement
 - Maximum depth of water _____ feet
 - If private pool, who owns the pool? _____
- Public Pool**
 - Above ground Below ground Plastic Cement
 - Maximum depth of water _____ feet
- Lake or Ocean**
 - How many trips per season? _____
- Water Parks**
 - How many trips per season? _____
- Ratio of Staff supervision to children in pool during water play?
- Number of Children **Under** 6 years of age _____ Number of Staff _____
- Number of Children **Over** 6 years of age _____ Number of Staff _____

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GENERAL FRAUD STATEMENT 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, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

IN FLORIDA, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IN KANSAS, any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

IN WASHINGTON, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

For Florida Applicants only: Agent's Name: _____ FL License Number: _____

This questionnaire and the loss information shown in the attached ACORD applications are understood to be an inducement to the issuance of a policy of insurance by company and the applicant warrants that all answers to questions are true and correct to the best of applicant's knowledge and belief. The undersigned authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Insured Signature: _____

Title: _____

Date: _____

Agent Signature: _____

Title: _____

Date: _____