

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:



New England Excess Exchange, Ltd.  
PO Box 650 - Barre, VT, 05641  
800-548-4301 - Fax 800-347-4935  
www.neee.com - info@neee.com

### Childcare Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant Name \_\_\_\_\_ Agent \_\_\_\_\_  
\_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant Phone Number \_\_\_\_\_  
\_\_\_\_\_ Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

#### PREMISES

1. Number of years in business? \_\_\_\_ If new, describe prior experience: \_\_\_\_\_

2. Daycare facility located in  Commercial Building  Church  Home  Other (describe) \_\_\_\_\_

3. Physical description of facility: # of stories \_\_\_\_\_ Bldg. sq. footage \_\_\_\_\_ Portion occupied \_\_\_\_\_

Sole occupant .....  Yes  No

If no, list other occupants: \_\_\_\_\_

# of exits \_\_\_\_\_ If multi-story building, do you occupy area above grade level?  Yes  No

Who is responsible for maintenance? \_\_\_\_\_

4. Food prepared on premises? .....  Yes  No

Is kitchen arranged so that the children do not have access to it? .....  Yes  No

5. Indicate all safety equipment located on premises.

Smoke detectors

Lighted exit signs

Fire extinguishers

Sprinklers

Child safety equipment

Fire alarms

Are all of the above inspected annually? .....  Yes  No

6. Have premises been inspected for compliance with building codes and health standards? .....  Yes  No

Has the facility been cited for health, safety or building code violations during last 3 years? .....  Yes  No

7. Is safety education provided for children? .....  Yes  No

Are fire drills conducted? .....  Yes  No

8. Is there an outdoor play area? .....  Yes  No

Is it fenced? .....  Yes  No

Describe ground cover of the play area.

\_\_\_\_% Grass

\_\_\_\_% Dirt

\_\_\_\_% Sand

\_\_\_\_% Concrete

\_\_\_\_% Rock

\_\_\_\_% Blacktop

\_\_\_\_% Wood chips

\_\_\_\_% Other \_\_\_\_\_

**PREMISES (Continued)**

9. Describe outdoor play equipment, including any unusual or special equipment. \_\_\_\_\_

Is all playground equipment properly anchored? .....  Yes  No

10. Any swimming facilities on premises? .....  Yes  No

- Above Ground                       Depth of Water \_\_\_\_\_                       Diving board – Height \_\_\_\_\_
- Below Ground                       Fence – Height \_\_\_\_\_                       Self Locking Gate
- Teach / Child Ratio \_\_\_\_\_                       Age Levels of Participation \_\_\_\_\_                       Waivers signed for Participation

11. Are special classes taught? .....  Yes  No

If yes, describe: \_\_\_\_\_

Estimated increase in enrollment \_\_\_\_\_ Additional staff hired? .....  Yes  No

12. Is summer day camp provided? .....  Yes  No

If yes, describe. \_\_\_\_\_

13. Do you offer off-premises activities? .....  Yes  No

If yes, describe: \_\_\_\_\_

What age levels participate? \_\_\_\_\_

Chaperon to child ratio? \_\_\_\_\_

14. Does the applicant provide before and after school care? .....  Yes  No

If yes, explain how children are transported. \_\_\_\_\_

15. Are procedures in place to verify that all after school children are accounted for? .....  Yes  No

16. Is there a formal drop off and pick up procedure in place? .....  Yes  No

Describe. \_\_\_\_\_

**OPERATIONS**

1. Is the risk licensed by the state? .....  Yes  No

If yes, provide license # \_\_\_\_\_ and Expiration Date \_\_\_\_\_

How long has applicant been licensed? \_\_\_\_\_ Indicate number of children licensed to handle: \_\_\_\_\_

Hours of Operation \_\_\_\_\_ AM \_\_\_\_\_ PM                      Days of Week Open Sun M Tu Wed Th Fr Sat

Average daily attendance \_\_\_\_ (Note: Supporting documentation must be available to qualify response)

2. Indicate the number of children and the number of attendants assigned to each age group:

AGE GROUP	# OF CHILDREN	# OF ATTENDANTS	FULL TIME (F/T) OR PART TIME (P/T) CARE
2 MONTHS TO 24 MONTHS	_____	_____	____ (F/T) ____ (P/T)
25 MONTHS TO 3 YEARS	_____	_____	____ (F/T) ____ (P/T)
4 YEARS TO 6 YEARS	_____	_____	____ (F/T) ____ (P/T)
BEFORE/AFTER SCHOOL AGE	_____	_____	____ (F/T) ____ (P/T)

**OPERATIONS (continued)**

3. Are "special needs" children cared for? .....  Yes  No  
 If yes, explain \_\_\_\_\_
- \_\_\_\_\_
- Is applicant staffed with qualified individuals to handle these children and their special needs? .....  Yes  No
4. Describe qualifications of applicant (include education, years of experience and special training) \_\_\_\_\_
- \_\_\_\_\_
5. Are there any licensed teachers? .....  Yes  No  
 Any nurse or health care professionals employed? .....  Yes  No  
 Are all staff members 18 years or older? .....  Yes  No  
 If no, explain. \_\_\_\_\_
- \_\_\_\_\_
6. Is there formalized employee screening and monitoring procedures in place? .....  Yes  No  
 Are employee references checked? .....  Yes  No  
 Does applicant check for criminal records? .....  Yes  No
7. Has any staff member, including applicant or a family member, been implicated, arrested, investigated or convicted of any crime other than a traffic violation? .....  Yes  No  
 If yes, explain \_\_\_\_\_
- \_\_\_\_\_
8. How often are employee records updated? \_\_\_\_\_
9. Describe applicant's policy on illness (when sick children can and can not be in attendance). \_\_\_\_\_
- \_\_\_\_\_
10. Describe how an injury or illness is handled (**Attach** formalized procedures on the handling of emergencies). \_\_\_\_\_
- \_\_\_\_\_
11. Does applicant maintain a record of medical information (allergies, regular medications, doctor name and phone number, emergency numbers of parents etc.)? .....  Yes  No  
 Does applicant require parents to provide medical care release? .....  Yes  No  
 Do you dispense medication? .....  Yes  No  
 Are all medications kept in a locked cabinet? .....  Yes  No
12. **Attach** a copy of the applicant's rules and discipline policy.

**COMMERCIAL PROPERTY** (Please provide complete information for each insured location. Attach separate sheet, if necessary.)

**LIMITS & COVERAGE – PROPERTY**

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
<b>TOTAL LIMITS</b>					\$ _____	\$ _____	\$ _____

**BUILDING INFORMATION**

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring

**ADJACENT EXPOSURES**

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

**CONTRIBUTING INSURANCE**

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____		
_____		
_____		

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_
- EACH OCCURRENCE \$ \_\_\_\_\_
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_
- MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**OPTIONAL COVERAGE**

**ABUSE OR MOLESTATION LIMITED LIABILITY COVERAGE** (You May Only Select One Option)

<input type="checkbox"/>	\$ 100,000 Each Event	\$ 300,000 Aggregate
<input type="checkbox"/>	\$ 500,000 Each Event	\$ 1,000,000 Aggregate
<input type="checkbox"/>	\$ 1,000,000 Each Event	\$ 2,000,000 Aggregate

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**PRIOR CARRIER HISTORY & LOSS INFORMATION (Continued)**

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____		
		_____		
		_____		

Has the applicant been cancelled or non-renewed in the last three years?.....  Yes  No

If yes, Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

---

Producer's Signature

---

Date

---

Applicant's Signature

---

Date