|  |  |  |
| --- | --- | --- |
|  | Agency Name | WinStar Insurance Group |
| Contact Name | Jake Hewitt | Phone | 512-628-5190 |
| Email Address | jhewitt@winstarins.com |
|
|

Child Care Centers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Effective Date:**  |  |
| **Named Insured** |  |
| **Mailing Address** |  |  |  |  |  |
|  | Street Address | City | State | Zip | County |
| **Location Address** |  |  |  |  |  |
|  | Street Address | City | State | Zip | County |
| **Contact Info.**  |  |  |  |
|  | First & Last Name | Phone Number | Email Address |
| **Entity Type** | [ ]  Corporation | [ ]  Limited Liability Co.  | [ ]  Partnership |
|  | [ ]  Individual | [ ]  Non-Profit | FEIN |       |
| **Experience** | Year Established        | Prior Industry Experience:       |

**General Information**

|  |  |
| --- | --- |
| Is the applicant a member of an industry group or trade association? |  |
| Is the applicant a subsidiary of another entity? |  |
| Does the applicant have any other subsidiaries? |  |
| Does the applicant have any other business ventures for which coverage is not being requested? |  |
| Is this a franchise operation? |  |
| During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery or arson? |  |
| Any foreign operations or foreign products sold and/or distributed in the USA? |  |
| Any exposure to flammables, explosives, chemicals? |  |
| Any policy or coverage declined, cancelled or non-renewed in the last 3 years? |  |
| Any uncorrected fire and/or safety codes violations? |  |
| Has the applicant had a foreclosure, repossession bankruptcy or filed for bankruptcy during the last 5 years? |  |
| Has the applicant had a judgement or lien during the last 5 years? |  |
| Does the insured carry work comp, employer’s liability or non-subscriber coverage? |  |

Liability Section

|  |
| --- |
| **General Liability** |
| General Aggregate |  | Broadening Liability |  |
| Products & Completed Operation |  | Hired & Non-owned |  |
| Personal & Advertising Injury |  | Professional Liability |  |
| Each Occurrence  |  | Abuse/Molestation |  |
| Damage to Premises |  | Employee Benefits |  |
| Medical Payments |  | Employment Practices |  |
| Deductible: |  | Deductible (EPLI) |  |

|  |
| --- |
| **Automobile Liability** |
| Combined Single Limits |  | Hired & Non-Owned Auto |  |
| Personal Injury Protection |  | Comprehensive Deductible |  |
| Medical Payments |  | Collision Deductible |  |
| Uninsured/Underinsured  |  | Auto Broadening  |  |

*If electing automobile coverage please complete the scheduled auto section.*

|  |
| --- |
| **Excess/Umbrella Liability**(only available if underlying General Liability is written) |
| General Aggregate |  | Deductible: |  |
| Each Occurrence  |  |  |
|  |  |  |
| Underlying Coverages Included:  | [ ]  Automobile Liability | [ ]  Employers Liability |
| Do all underlying carriers have a A.M. Best rating of “A” or higher? |  |
| Do all underlying policies have a minimum limit of $1,000,000 or greater? |  |
|  |  |  |

|  |
| --- |
| **Exposures**  |
| Total Licensed Capacity |       | Total Caregivers |       |
| Location of Operations |  | Operational  |  |
|  |  |  |  |
| Has any license been suspended or revoked in the past 5 years? |  |
| Have there been any prior or alleged sexual abuse or molestation incidents? |  |
| Are all professionals properly licensed and/or certified? |  |
| Does the certification procedure also require CPR? |  |
| Do all employees of the daycare center and third-party contractors undergo background checks? |  |
| Are drug tests performed prior to employment? |  |
| Are drug tests performed randomly throughout employment? |  |
| Does the facility accept physically, mentally or emotionally disabled children? |  |
| Is there a written procedure on determining when a child should be sent home? |  |
| Is there an area on site where sick children are moved until they are picked up by their parents or guardians? |  |
| Does the center have a requirement that only authorized persons may pick up a child?  |  |
| Is there a procedure in place for staff members to follow if an unauthorized person attempts to pick up a child? |  |
| Are guests allowed on premise without prior clearance including the approval of the director? |  |
| If applicable, are guests accompanied by the director at all times during their visit? |  |
| Does the insured have a written procedure on discipline strategies? |  |
| Is corporal punishment strictly forbidden? |  |
| Does the center have evacuation cribs to aid in the emergency evacuation of infants and toddlers? |  |
| Does the center have a kitchen on the premises? |  |
| If so, does a door equipped with a child-resistant latch separate the kitchen from the children's areas? |  |
| If not, are children required to bring their own food and snacks |  |
| Are parents/guardians required to fill out forms informing the daycare center of any potential food allergies children may have? |  |
| Is impact attenuation material used under the playground equipment, around walkways and other areas in the play yard? |  |
| Are there any pools on premises? |  |
| Are dogs or other animals permitted on the premises? |  |
| Are staff members aware of dangers presented by wildlife and precautions taken to avoid exposing children? |  |
| Does the insured offer extracurricular activities such as field trips, day camps and/or sleep overs? |  |
| If yes, please provide details:       |  |
| Are parents required to sign a permission slip including a waiver for any extracurricular activities? |  |
| Do you increase the caregiver to child ratio while off premises or on field trips?  |  |
| Are caregivers required to maintain a list of all children on the field trip and frequently account for the presence of each child under their care? |  |
| Are the field trip locations routinely visited each year with adequate pre-trip planning including the departure/arrival times and mapped routes? |  |
| Are children required to wear a shirt, name tag or other identification listing the name of the center and its phone number?  |  |
| Are caregivers easily identifiable by all children on the field trip? |  |
| Employment Practices Liability

|  |  |  |
| --- | --- | --- |
| **Total US Based Employees** | **Currently**  | **Prior Year** |
| Full Time |       |       |
| Part Time |       |       |
| Volunteers |       |       |
| Temporary |       |       |
| Leased |       |       |
| Seasonal |       |       |
| Total Non-US Based Employees |       |       |
| **Total Sum of Above** |       |       |
|  |
| **Provide a list of all direct and indirect subsidiaries:** |
| Name: |       | Type of Business |       |
| Ownership % |       | Date Acquired/Created |       |
|  |  |  |  |
| Name: |       | Type of Business |       |
| Ownership % |       | Date Acquired/Created |       |
|  |  |  |  |
| Name: |       | Type of Business |       |
| Ownership % |       | Date Acquired/Created |       |
|  |  |  |  |
| How many employees have been terminated in the past 12 months? |
| Voluntary: |       | Involuntary: |       | Laid Off: |       |
|  |  |  |  |  |  |
| Is any reduction of employees or changes of status anticipated or contemplated in the next year? [ ]  Yes [ ]  No (If yes, please provide details) |
|  |
| During the past 3 years has the applicant furloughed any employees, or in the next 12 months does it anticipate any furloughs? [ ]  Yes [ ]  No (If yes, please provide details) |
| Does the applicant anticipate and plant, facility branch, office or department closing consideration, reorganization or layoff within the next 24 months? [ ]  Yes [ ]  No (If yes, please provide details) |
|  |
| **Human Resource Policies & Procedures**  |
| Does the applicant: (please attach a written explanation for all no answers) |
|  Have a standard employment application for all applicants? | [ ]  Yes [ ]  No  |
|  Have an employment handbook? | [ ]  Yes [ ]  No  |
|  Have an “At Will” provision in the employment application? | [ ]  Yes [ ]  No  |
|  Have a written policy with respect to sexual harassment? | [ ]  Yes [ ]  No  |
|  Have a written policy with respect to discrimination? | [ ]  Yes [ ]  No  |
|  Have written annual evaluations for employees? | [ ]  Yes [ ]  No  |
|  |  |
| **Third Party Policies & Procedures**  |  |
| Does the applicant: |  |
| 1. Have policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public, or other third parties, including non-discrimination and non-harassment statements?
 | [ ]  Yes [ ]  No  |
| 1. Have policies or procedures responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties?
 | [ ]  Yes [ ]  No  |
|  |  |
| **Claim / Warranty Section**  |  |
| Has the applicant been involved in any of the following? |  |
|  Discriminatory practice violation or litigation | [ ]  Yes [ ]  No  |
|  Discriminatory action by any regulatory agency or association? | [ ]  Yes [ ]  No  |
|  |  |
| Has the applicant given notice of claims, specific facts or circumstances which may give rise to a claim under any prior policies providing similar insurance?  | [ ]  Yes [ ]  No  |
|  |  |
| No person applying for this coverage is aware of any facts or circumstances which they have any reason to presume might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the application has applied, except |
| [ ]  None | [ ]  As noted below |  |
|       |
| ***Without prejudice to any other rights and remedies of the underwriter, any claim arising from any claims, facts, circumstances or situations whether or not disclosed in the application’s questions herein is excluded from the proposed insurance.*** |

Scheduled Auto Section**Vehicle Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Make / Model** | **Vin** | **Capacity** | **Comp/Coll** | **Towing** |
|       |       |       |       |  |  |
|       |       |       |       |  |  |
|       |       |       |       |  |  |
|       |       |       |       |  |  |
|       |       |       |       |  |  |

**Driver Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Primary Role** | **Date of Birth** | **License**  | **Status** |
|       |       |       |       |       |  |
|       |       |       |       |       |  |
|       |       |       |       |       |  |
|       |       |       |       |       |  |
|       |       |       |       |       |  |

|  |  |
| --- | --- |
| Does the insured provide child transportation? |  |
|  Is transportation provided daily? |  |
|  Is transportation to/from residence provided? |  |
|  Are third party transportation services used? |  |
|  Do all driver maintain a regular daily route under 25 miles a day? |  |
| Is written parental consent, including emergency response information, obtained prior to transportation? |  |
| Are drivers required to hold a commercial driver’s license for operating units with a passenger capacity over 15? |  |
| Re non-dedicated or untrained drivers permitted to operation the center’s vehicles? |  |
| Does the insured offer driver safety training? |  |
| Is there a formal maintenance program in place? |  |
| Are pre-/post-trip inspections, including child checks, performed? |  |
| Are all units used to transport children equipped with child safety alarms? |  |
| Is each child provided with a car seat or appropriate child restraint system according to the child’s age and weight? |  |
| Does the insured have a formal distracted driving policy restricting use of cell phones while operating a vehicle? |  |
| Does the insured allow personal use of the company vehicle(s)? |  |
| Are all power units parked at the center overnight? If not, please explain.  |  |

Property Section |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Loc.** | **Bldg.** | **Street Address** | **City**  | **State**  | **Zip**  | **PC** |
|    |       |       |       |       |       |    |
| **Building Information** | **Building Updates** | **Protection** |
| Year Built |       | Wiring |       | Theft Alarm |       |
| Construction |       | Plumbing |       | Sec. Cameras |       |
| Area |       | Heating |       | Fire Alarm  |       |
| Stories |       | Roof |       | Sprinklered |       |
| Distance to Fire Station  |  | Distance to Fire Hydrant |  |
| **Limits of Coverage** |
| **Coverage** | **Limits**  | **Deductible** | **Coinsurance** | **Wind/Hail** | **Form** | **Cause of Loss** |
| Building |       |  |  |  |  |  |
| Bus. Pers. Prop. |       |  |  |  |  |  |
| Business Income |       |  |  |  |  |  |
| Playground Equipment |       |  |  |  |  |  |
| Fencing |       |  |  |  |  |  |
| Signs |       |  |  |  |  |  |
| Other: HVAC |       |  |  |  |  |  |
| Property Enhancement  | Include [x]  | Not Elected [ ]  |  |
| Equipment Breakdown  | Include [x]  | Not Elected [ ]  |

|  |  |
| --- | --- |
| Does the premises have an active central station alarm in use? |  |
| In the event of business interruption, is there rental space readily available in your area? |  |
| Is there an emergency backup plan in case the facility becomes inoperative? |  |
| Do you have any reciprocal arrangements with other business to use their facilities in the event of a loss? |  |
| Is someone designated to make sure all kitchen appliances are turned off at the end of the day? |  |
| Are all flammable liquids stored in fire resistant containers? |  |

Insurance History Section

**Prior Insurance Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Carrier** | **Policy Type** | **Policy Term** | **Policy Number** | **Premium** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Loss History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Loss** | **Description of Claim** | **Amount Paid** | **Claim Status** |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |
| PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIESWITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST INWRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.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 and MAY subject that person to criminal and civil penaltieS AND MAY FURTHERMORE LEAD TO VOIDING OF THE INSURANCE POLICY. |
| **(Applicants Initals)** |  |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. |
| **Producer’s Signature** | **Producers Name (please print)** | **Date** |
|  |  |  |
| **Applicant’s Signature** | **Applicants Name (please print)** | **Date** |
|  |       |       |

**Loss Payable Provisions**

**Description of Property:**

**Loss Payee Name:**

**Loss Payee Address:**

**Additional Insured**

**Name of Person(s) or Organization(s) (Additional Insured):**

**Leased Equipment:**

**Grantor of Franchise:**