|  |  |  |
| --- | --- | --- |
|  | Agency Name | WinStar Insurance Group |
| Agency Address | 3420 Executive Center Dr. #301, Austin, TX 78731 | Phone | (512) 448-9928 |
| Email Address | info@winstarins.com  |
|
|

Daycare Centers

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Name** |  | **Effective**  |  |
| **Mailing Address** |  |
| **City** |  | **State** |  | **Zip Code** |  |
| **Contact Name** |  | **Phone** |  |
| **Email Address** |  | **Website** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **B****usiness Type** | **[ ]**  | **Corporation** | **[ ]**  | **LLC** | **[ ]**  | **Partnership** | **[ ]**  | **Individual** | **[ ]**  | **Other** |
| If other, please explain: |  | **FEIN:** |  |
| **Year Business Established** |  | **Years of Experience** |  |

**Premises Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Loc | Street Address | City  | State | Zip |
|   |       |       |       |       |
|   |       |       |       |       |
|   |       |       |       |       |

**General Information**

|  |  |
| --- | --- |
| 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, employers liability or non-subscriber coverage? |  |

Liability Section

|  |
| --- |
| **General Liability** |
| General Aggregate |  | Professional Liability |  |
| Products & Completed Operation |  | Abuse/Molestation |  |
| Personal & Advertising Injury |  | Assault & Battery |  |
| Each Occurrence  |  |  |
| Damage to Premises |  |  |
| Medical Payments |  | Deductible: |  |

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

*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? |  |
|  |  |  |

|  |
| --- |
| **Additional Insured(s)** |
| **Entity Name** | **Street Address** | **City** | **State** | **Zip** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **Exposures**  |
| **Age Group** | **Number of Children** | **Average Daily Attendance** | **Number of Teachers** |
| Infants, ages 0-1 |       |       |       |
| Toddlers, ages 1-2 |       |       |       |
| Toddlers, ages 2-3 |       |       |       |
| Preschoolers, ages 3-5 |       |       |       |
| School age children |       |       |       |
| **Type of building**  |
| Commercial [ ]  | Within Business [ ]  | Private Home [ ]  | Church/Synagogue [ ]  | School [ ]  |
| **Hours of Operations** | From |  | To  |  |  24 Hours [ ]  |
| Days a Week | M-F [ ]  |  | M-S [ ]  |  |  7 Days [ ]  |  |
|  |  |  |  |
| Are all professionals properly licensed and/or certified? |  |
| Has any license been suspended or revoked in the past 5 years? |  |
| Does the certification procedure also require CPR? |  |
| Are insured’s trainers certified by a nationally recognized organization? |  |
| If yes, which one?  |       |
| Do all employees of the daycare center and third party contractors (groundskeepers) undergo background checks? |  |
| Are drug tests performed prior to and/or randomly throughout employment? |  |
| Does the facility accept physically, mentally or emotionally disabled children? |  |
| If yes, are reasonable accommodations made to facilitate their individual needs? |  |
| Is there a written procedure on determining when a child should be sent home? |  |
| If so, please provide details:       |
| 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 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? |  |
| Are there any pools on premises? |  |
| If yes, are all pools (other than small, plastic wading pools) completely enclosed by a fence with a childproof locked gate that is equipped with an alarm/buzzer that will sound if opened? |  |
| Are there written pool safety procedures for pool use and while occupying the area? |  |
| If so, please provide details:       |
| Does the center have a requirement that only authorized persons may pick up a child? How do staff members make sure a person is "authorized"? |  |
| Is there a procedure in place for staff members to follow if an unauthorized person attempts to pick up a child? |  |
| Does the insured have a written procedure on discipline strategies? |  |
| If so, please provide details:       |
| Is corporal punishment strictly forbidden and enforced? |  |
| Does the center have evacuation cribs to aid in the emergency evacuation of infants and toddlers? |  |
| Is impact attenuation material used under the playground equipment, as well as used for walkways and other areas in the play yard? |  |
| If yes, what type of material? |       |
| 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:       |
| On average, are there 3 or more extracurricular activities a year? |  |
| Are parents required to sign a permission slip including a waiver for any extracurricular activities? |  |
| Scheduled Auto Section**Vehicle Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Make**  | **Model**  | **Vin** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Driver Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth** | **Drivers License**  | **State** | **Date of Hire** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |  |
| --- | --- |
| Does the insured ever transport children? |  |
|  If yes, is transportation provided daily? |  |
|  If yes, is an outside contractor used? |  |
| Do any of the vehicles have a capacity of over 8 passengers? |  |
| If vehicles carry 16 or more passengers, do insured drivers have a Commercial Driver’s License? |  |
| Does the insured offer driver safety training? |  |
| Is there a formal maintenance program in place? |  |
| If yes, please provide details:      |
| Is there a sufficient number of adult staff to children in the vehicle, and is each child provided with a car seat or appropriate child restraint system according to the child’s age and weight? |  |
| Is there any two-way communication devices used in the vehicles? |  |
| If so, please describe equipment  |       |
| Are all electronics and communication devices hands free? |  |
| Does the insured offer training on the equipment use and procedures? |  |
| What is the insured’s policy regarding the use of hands free devices?       |
| Do you pull Motor Vehicles Records prior to permitting driving responsibilities? |  |
| Are all drivers 25+ years in age? |  |  |
| Do any drivers have major violations in the past 3 years? |  |
| Does the insured allow personal use of the company vehicle(s)? |  |
| If yes, what is their policy regarding personal use of the vehicles?      |

Property Section  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loc.** | **Street Address** | **City**  | **State**  | **Zip**  | **PC** |
|   |       |       |       |       |       |
| **Building Information** | **Year of 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** | **Form** | **Cause of Loss** |
| Building |       |       |       |       |
| Bus. Pers. Prop. |       |       |       |       |
| Business Income |       |       |       |       |
| Signs |       |       |       |       |
| Inland Marine\*  |       |       |       |       |
| Property Enhancement  | Include [ ]  | Not Elected [ ]  |  |
|  |

***If electing Inland Marine please provide a schedule for items over $1,000 in value***

|  |  |
| --- | --- |
| 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? |  |
| If a full kitchen is onsite, has someone been designated to make sure all appliances are turned off at the end of the day? |  |
| Are all flammable liquids stored in fire resistant containers? |  |
| Does the insured have 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? |  |

Inland Marine Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** | **Model** | **Serial Number** | **Value** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Insurance History Section

**Prior Insurance Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prior Carrier** | **Policy Term** | **Policy Number** | **Policy Premium** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  Currently valued loss runs are a submission requirement. If there have been any losses, adequate information must be included to explain actions taken to preclude a similar loss(es). Quotes will be conditioned on this requirement, and no coverage is to be bound without this information. |

**Loss History**

|  |  |
| --- | --- |
| [ ]  | Click here if no prior claims |
| **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** |
|  |  |  |