

ACORDTM BUSINESS OWNERS APPLICATION

DATE

PRODUCER	PHONE (A/C, No, Ext):	COMPANY				NAIC CODE
	FAX (A/C, No):	COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:	
					BLANKET RATE	YES <input type="checkbox"/> NO <input type="checkbox"/>
CODE:	SUB CODE:	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
AGENCY CUSTOMER ID		QUOTE <input type="checkbox"/>	ISSUE POLICY <input type="checkbox"/>	POLICY TYPE		DEPOSIT
		BOUND (DATE):		STD <input type="checkbox"/>	SPEC <input type="checkbox"/>	OTHER <input type="checkbox"/>

APPLICANT INFORMATION

NAME (First Named Insured)	INDIVIDUAL <input type="checkbox"/>	LIMITED CORPORATION <input type="checkbox"/>	GL CODE	SIC	FEDERAL ID #
	PARTNERSHIP <input type="checkbox"/>	JOINT VENTURE <input type="checkbox"/>			
	CORPORATION <input type="checkbox"/>	OTHER <input type="checkbox"/>			
MAILING ADDRESS (INCLUDING ZIP+4)	CONTACT FOR INSPECTION		PHONE (A/C, No, Ext):		
	CREDIT BUREAU NAME		ID NUMBER		

NATURE OF BUSINESS

OFFICE SERVICE	RETAIL WHOLESALE	APARTMENTS CONDOMINIUMS	RESTAURANT CONTRACTOR	YRS IN BUS
DESCRIPTION OF OPERATIONS/ OCCUPANCY				

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?		
2. ARE ATHLETIC TEAMS SPONSORED?			11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		
3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM?			12. FOR RETAIL STORES, DOES INSTALLATION, SERVICE OR REPAIR WORK ACCOUNT FOR MORE THAN 15% OF RECEIPTS?		
4. DURING THE LAST FIVE YEARS, (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			13. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO			DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED		
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?					
7. ANY WORKERS COMPENSATION CARRIED?					
8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?					
9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)					

PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST ___ YRS	TOTAL LOSSES
					\$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					PREMISES: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

REMARKS

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PREMISES

ADDRESS (Street, City, State)		PREM #:	BLDG #:	<input type="checkbox"/> CHECK IF PRIMARY PREMISES	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	AREA OCCUPIED PERCENTAGE	SURROUNDING EXPOSURES & OTHER OCCUPANCIES				
					YEAR BUILT	SQUARE FEET					
COUNTY:		ZIP:		PROT CLASS	RATE TERR	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	ANY AREA LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
# OF EMPLOYEES		HOURS OF OPERATION			ANNUAL SALES/RECEIPTS			TOTAL PAYROLL			
					\$			\$			
YRS IN BUS	CLASS CODE	RATE #	RATE GROUP								

PROPERTY

BLDG	LIMIT \$	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE \$	CONSTRUCTION TYPE				TOT SQ FT AREA	
PERS PROP	LIMIT \$	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE \$	# STORIES	% SPRNK	BASEMENT PRESENT?		YES	NO
				FVRC						IS IT FINISHED?		YES	NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMM SPEC	TAX CODE	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER			

LIABILITY (Choose the limit options compatible with the program you are requesting)

COMBINED SINGLE LIMIT \$	PROFESSIONAL LIABILITY \$	HIRED AUTO \$			
BODILY INJURY OCCURRENCE \$	LIQUOR LIABILITY	NON-OWNED AUTO \$			
DAMAGE AGGREGATE \$	GEN. AGGREGATE \$	EMPLOYEE BENEFITS \$			
MEDICAL EXPENSE (PER PERSON) \$	PER PERSON \$	\$			
DAMAGE TO RENTAL PREMISES \$	OTHER \$	\$			
DEDUCTIBLE \$	% APPLICABLE TO:				
CLASSIFICATION	CLASS CODE	AMOUNT	PREMIUM BASIS	CODE	(S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other
		\$			
		\$			
		\$			

ADDITIONAL COVERAGES - Total Amount of Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	\$	\$		MONEY & SEC - INSIDE	\$	\$		B & M BASIC	\$	\$	
LOSS OF INC VAL PAPERS ACCNTS REC	\$	\$		MONEY & SEC OUTSIDE	\$	\$		B & M BROAD	\$	\$	
SIGN	\$	\$		SPOILAGE	\$	\$		B & M SPOILAGE	\$	\$	
EMPL DISHON BRG/ROB STK BRG/ROB MNY	\$	\$		COMPUTERS	\$	\$			\$	\$	
	\$	\$		ORD OR LAW	\$	\$			\$	\$	
	\$	\$		ERISA	\$	\$			\$	\$	
	\$	\$		FLOOD	\$	\$			\$	\$	
	\$	\$		EARTHQUAKE	\$	\$			\$	\$	
GLASS	LOCATION IN BUILDING		# PANES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED	
	GROUND FLOOR GLASS								\$	\$	
	ABOVE GROUND FLOOR GLASS								\$	\$	

MECHANICAL EQUIPMENT

	YES	NO		YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)			3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.		
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:			4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?		

SWIMMING POOL

1. IS THERE A SWIMMING POOL ON THE PREMISES? (IF YES, FENCED, LIMITED ACCESS, DIVING BOARD OR SLIDE, LIFE GUARD?)	YES	NO
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REMARKS

SPECIALTY PROGRAMS

APARTMENTS AND CONDOMINIUMS				YES	NO	RESTAURANTS	
1. IS THERE A PLAYGROUND ON PREMISES?						(ATTACH ACORD 185 FOR EACH LOCATION)	
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)						CONTRACTORS	
3. # UNITS PER BUILDING OR FIRE DIVISION: # OWNER OCCUPIED:						(ATTACH ACORD 186 FOR EACH LOCATION)	
4. INDICATE WHERE COVERAGE APPLIES TO:		BARE WALLS	FINISHED WALLS	PROFESSIONAL LIABILITY			
5. SMOKE DETECTORS:		NONE	BATTERY	WIRED	(ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS)		
6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.							
7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?							
8. IS A PROPERTY MANAGER EMPLOYED?							

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> PREMISES ALARM			<input type="checkbox"/> UL <input type="checkbox"/> SMNA
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE				CLASS
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?		SAFE DOOR CONSTRUCTION	
\$	\$	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

OTHER PROTECTION
(Lighting, fences, watchpersons, etc)

REMARKS

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT 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 PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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, HI, NE, OH, OK, OR, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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CHILD DAY CARE QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

If the business maintains a web site, state the address: _____

LICENSING INFORMATION

1. Licensing Agency: _____
2. Number of years licensed: _____ Number of children on license: _____
(Please attach copy of license) **Note:** Premium based on licensed capacity
3. Indicate maximum number of children permitted by license in each group:

0 - 6 Months	6 - 12 months	12 - 18 months
_____	_____	_____
18 mos. - 2 years	2 years - 5 years	Over 5 years
_____	_____	_____
4. Does your child to staff ratio meet your licensing requirement? Yes No
If no, please explain: _____
5. Has your license ever been revoked or suspended? Yes No
If yes, please explain: _____
6. Do you accept children with physical, mental or emotional handicaps? Yes No
7. Do you accept children with chronic illness? Yes No
If yes, describe any procedures or staff employed to supervise such children:

BUSINESS CHARACTERISTICS

1. Type of business: (check all that apply)

<input type="checkbox"/> Commercial	<input type="checkbox"/> Scheduled attendance	<input type="checkbox"/> Full time care	<input type="checkbox"/> All ages	<input type="checkbox"/> Sick care
<input type="checkbox"/> In home	<input type="checkbox"/> Drop in care	<input type="checkbox"/> Part time care / Latch Key programs	<input type="checkbox"/> No infants	
			<input type="checkbox"/> Preschool	

2. Hours children are on premises:

Monday – Friday: _____ a.m. to _____ p.m.

Weekend: _____ a.m. to _____ p.m.

3. Are overnight stays permitted? Yes No

If yes, please explain the circumstances: _____

OPERATIONS

1. Average daily attendance:

0 - 6 Months _____	6 - 12 months _____	12 - 18 months _____
18 mos. - 2 years _____	2 years - 5 years _____	Over 5 years _____

2. Number of teachers:

0 - 6 Months _____	6 - 12 months _____	12 - 18 months _____
18 mos. - 2 years _____	2 years - 5 years _____	Over 5 years _____

Owner's related experience and education: _____

3. Are there any pets on the premises? Yes No

If yes, please describe (by size and breed), including how pets are separated from children:

Note: Optional Dog Liability coverage is available for **In-Home Family Day Cares Only**. No more than 2 dogs allowed and they must be kept separated from children at all times.

4. Are any special classes taught in dance, tumbling, gymnastics or martial arts? Yes No

If yes, please explain: _____

5. Are there any trampolines on the premises? Yes No

If yes, who is allowed to use and how is monitoring performed? _____

EMPLOYEE AND VOLUNTEER PROCEDURES AND STAFFING

1. Are the following checked on employees and volunteers prior to hiring?

a. Personal References? Yes No

b. Previous Employers? Yes No

c. Criminal background? Yes No

2. Do you keep records of hiring practices (references, background checks, etc.)? Yes No

RISK MANAGEMENT

1. Are children released only to authorized persons? Yes No

2. What procedures exist for:

Accidents, medical treatment, notification to parents? _____

Dispensing of prescribed medications? _____

Illness? _____

3. Any special needs required and/or provided? Yes No
 If yes, please explain: _____

4. Are medical care releases obtained at enrollment? Yes No
5. Are there written procedures/guidelines regarding discipline? Yes No
 a. Are they communicated to parents? Yes No
 b. Are they reviewed with staff and volunteers? Yes No
6. Are there written procedures/guidelines regarding abuse issues? Yes No
7. Does the insured have emergency transportation available? Yes No
8. In case of an emergency is there a backup adult if you need to leave? Yes No
9. Are any field trips or activities conducted away from premises? Yes No
 a. If yes, fully describe, including the estimated number of trips and/or activities:

- b. Are parents required to sign "permission" forms for each field trip? Yes No
- c. Mode of transportation used for trips: _____
10. Do you utilize swimming facilities off the premises? Yes No
 a. Liability disclaimer required? (Forward copy.) Yes No
 b. Does the swimming facility provide lifeguard service? Yes No
11. Wading pool on the premises? (Optional water activities coverage available on request) Yes No
 • Type of wading pool: (plastic, blow-up, etc.): _____
 • Is pool emptied daily? Yes No
 • Is pool stored away from children after use? Yes No
 (If either of these is "No", coverage is not available.)
- Note:** Wading pool is defined as pool of a non-permanent structure, 2 feet or less in depth and 15 feet or less diameter, with no slides. (Swimming Pool Questionnaire is not required for wading pools.)
12. Is the outside play area fenced? (**Note:** A fence is required) Yes No
13. Type of playground surface: _____
14. Please list and describe all play equipment: _____

15. Are there working fire extinguishers and smoke detectors on premises? Yes No
 Date last serviced: _____
16. Is there a student group accident policy in effect? Yes No
 (If yes, please provide proof of insurance.)
17. Is the business located in your home? (Note: No building coverage available.) Yes No
 If yes, who is your homeowners insurance company? _____
 Policy #: _____ Limits: _____
18. Is the business located in a mobile home? (If yes, risk is ineligible.) Yes No
19. Have all areas that are accessible by children been child-proofed? Yes No
20. Are all televisions out of the reach of children? Yes No
 If no, are they either secured or situated to prevent children from pulling on cords or otherwise tipping them over? Yes No

21. Are bottle warmers used? Yes No
- a. What type of bottles are used? _____
- b. If yes, how are bottles warmed? _____
- c. Where is warmer located? : _____
- d. Are cords kept out of reach of children? Yes No
- e. Are safety measures used so hot water cannot be spilled on staff or children? Yes No

PREVIOUS EXPERIENCE

1. Have any claims been filed, or are you aware of any incidents involving physical or sexual abuse that could lead to a claim? Yes No
 If yes, please explain: _____
2. Are procedures in place for reporting incidents? Yes No
3. Have you or any partner, officer, director, or employee ever been the subject of disciplinary action by a regulatory authority? Yes No
 If yes, please explain: _____

SWIMMING POOLS – (COMPLETE WHEN APPLICABLE)

1. Please describe pool, including surrounding surface and fencing (Fencing Required):

2. Is there a self-locking gate? Yes No
3. Key necessary for pool access? Yes No
4. Are depth markings clearly indicated? Yes No
5. Are "No Running" signs posted? Yes No
6. Diving Board? Yes No
7. Water Slide? (If yes, risk is ineligible) Yes No
8. Are lifeguards employed? Yes No
 If yes, what type of certification do they possess? _____
9. Are emergency procedures in writing and reviewed with staff? Yes No
10. Please describe chemical storage:

11. Additional comments:

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

EXCLUDED COVERAGE

By signing this questionnaire, you acknowledge that situations of abuse and molestation are normally excluded from coverage for child care risks. Coverage for abuse and molestation is available for an increase of premium. See below.

ADDITIONAL COVERAGES

The following coverages are available. Please list the desired coverage under the classification section of the application.

- Limited Abuse or Molestation
- Professional Liability Errors and Omissions (Removes Corporal Punishment Exclusion)
- On-premises Water Activities
- Limited Dog Coverage (Family Centers Only)
- Employee Benefit
- Hired and Non-Owned Auto (Not available if Commercial Auto Policy is in effect)