



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

DAY NURSERIES AND PRESCHOOLS SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____
 Agent: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

- 1. Description of operations:** Day Care Center Drop-off Center Before/After School Program
 In-Home Day Care Sick-Child Day Care Foster Care
 Part of an Organization (describe): _____

How long has applicant been in business? _____

Is overnight care provided? Yes No

Is care provided for autistic or special needs children (mentally or physically impaired)? Yes No

Is facility open twenty-four (24) hours a day? Yes No

If risk is a drop-off center, is it located at a shopping mall or other retail establishment? Yes No

Does applicant provide nannies or similar services away from premises address above? Yes No

2. Sexual and/or Physical Abuse Coverage Limits:

Day Care Centers:

\$100,000 Per Claim/\$300,000 Aggregate

\$250,000 Per Claim/\$500,000 Aggregate

In-Home Day Care:

\$25,000 Per Claim/\$50,000 Aggregate

\$50,000 Per Claim/\$100,000 Aggregate

\$100,000 Per Claim/\$300,000 Aggregate

3. Is applicant licensed, registered and/or in compliance with state regulations? Yes No

License number (if applicable): _____

Maximum number of children permitted by license/regulations: _____

4. Maximum number of children on premises at any one time: _____



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5. Average daily attendance: _____

6. Indicate the number of children within each age group and the corresponding number of attendants assigned:

Age Group	Number of Children	Number of Attendants
1 to 6 months		
7 to 12 months		
1 to 3 years		
over 3 years to 8 years		
over 8 years		

7. Total number of employees: _____

8. Are criminal background checks completed on employees? Yes No

9. Any previous or pending allegations of sexual or physical abuse?..... Yes No

10. Building Description (age, construction, exits, etc.): _____

11. Are there any bottle warmers and/or cooking appliances located in areas where children could access?..... Yes No

12. Play Equipment and Facilities:

Are there trampolines? Yes No

Are there inflatables, such as moon bounces or slides, rented or owned?..... Yes No

Is the play area fully fenced?..... Yes No

Are there swimming or wading pools?..... Yes No

If yes:

Number of pools over 18" deep: _____ Number of wading pools 18" or less: _____

Are swimming pools located: Above-ground In-ground

Are there swimming pool slides or diving boards? Yes No

If yes, advise height: _____

Is life safety equipment at poolside?..... Yes No

Is pool area fenced with self-latching gate?..... Yes No

Are rules posted? Yes No

Is a certified lifeguard or CPR certified attendant present at all times?..... Yes No

What is the ratio of attendants to children while swimming? _____ to _____

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?..... Yes No

Are there any natural bodies of water (lakes, rivers, streams, etc.) on the property?..... Yes No

Are there animals on the premises?..... Yes No

If yes, describe: _____

Are dogs kept away from children? Yes No



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Other (describe): _____

13. Describe how injuries and illnesses are handled: _____

14. Any special classes taught (i.e., dance, gymnastics, martial arts, etc.)? Yes No

If yes, describe: _____

15. Is applicant transporting children to and from home and/or school? Yes No

If yes, who is the auto liability insurance carrier? _____

16. Are any vehicles with a seating capacity exceeding 15 passengers utilized? Yes No

If yes, explain: _____

17. Describe the nature of any field trips (number of trips, who transports, etc.): _____

Does applicant require the drivers to have auto liability insurance? Yes No

18. Attach a copy of the enrollment form, medical release, hold-harmless, etc., used.

Any medication dispensed? Yes No

If yes, describe: _____

19. Does applicant have an accident and health policy covering students? Yes No

Carrier: _____ Policy Number: _____ Policy Term: _____

20. Are children released only to custodial parent or guardian? Yes No

If no, describe authorization procedure: _____

21. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

22. Does applicant have any other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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



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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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance



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company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.