



Mid America Specialty Markets  
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 Columbia, MO 65203  
 573-447-4990  
 agency@mail@midaminsurance.com  
**Childcare Application**

Agency Name \_\_\_\_\_ # \_\_\_\_\_  Quote Only  Issue Policy  
 Producer \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Additional Coverages\*:  Auto  Workers Comp.\*\*  Umbrella  EPLI(Stand Alone)  D&O  None  
 \*Note: A separate ACORD or NSI application must be completed for each of these coverages.  
 \*\*Note: Workers Compensation is not applicable in Indiana, Kentucky, Michigan and Ohio.

**APPLICANT INFORMATION:**

Applicant's Name \_\_\_\_\_ County \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_  
 Applicant is a:  Individual  Partnership  Corporation  LLC  Other (specify) \_\_\_\_\_

**PREMISES INFORMATION**

Location #	Building #	Street, City, County, State, ZIP

**GENERAL INFORMATION – Explain all “Yes” responses below.**

- (NOT APPLICABLE IN MISSOURI)** Has any policy or coverage been declined, cancelled or non-renewed in the past 3 years?  Yes  No
- Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring?  Yes  No
- Has there ever been an allegation of sexual abuse made against the applicant?  Yes  No
- Does the operation have liability insurance with NSI or West Bend Mutual Insurance Company?  Yes  No
- Does the applicant own any buildings with more than 2 apartments at any one covered location?  Yes  No
- In the last 3 years, has the operation had any losses or claims?  Yes  No
- States in which the operation does business:  IA  IL  IN  KS  KY  MI  MN  MO  OH\*  WI  
 \* A signed Ohio Fraud statement is required for applications.
- Does the applicant perform any operations, childcare or non-childcare, outside of Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Ohio, and Wisconsin?  Yes  No
- Does the applicant perform any non-childcare operations?  Yes  No
- Any Commercial Automobile coverage being quoted or issued by NSI or another carrier?  Yes  No

Explain all “Yes” responses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prior Insurance Information**

Prior Carrier	Eff./Exp. Date	Policy Number	Policy Premium

**Loss History**  Check here if there are no prior claims.

Date of Occurrence	Description of Claim	Amount Paid	Claim Status (Check One)
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed

**LIABILITY SECTION**

**1. ANSWER ALL OF THE FOLLOWING QUESTIONS:**

**A. GENERAL QUESTIONS: NOTE - Center MUST be licensed or certified to be considered for coverage. (Or 'Registered' for Iowa only)**

1. Is the center :  Licensed  Certified  Registered (Iowa Only)  None (Note: Attach a copy of state license with application)
2. How many years in business? \_\_\_\_\_
3.  Yes  No In the past 12 months, have any complaints been filed with the Licensing Board against applicant's facility?  
If Yes, explain and provide documentation \_\_\_\_\_
4.  Yes  No In the past three years, has any of the applicant's licenses been revoked, suspended, or placed under probation?  
If Yes, explain and provide documentation \_\_\_\_\_
5. How many children is the applicant licensed to care for? Loc #1 \_\_\_\_\_ Loc #2 \_\_\_\_\_ Loc #3 \_\_\_\_\_  
(Note: The GL exposure is based on the number of children shown on state license/certificate or registration.)
6. Is applicant licensed/certified for: Note - Grades 1- 12 & Home schools are not eligible  
 Infant care  24hour care  Sick child care  Before/After School care  K4/K5  Other \_\_\_\_\_
7. What are the center's hours of operation? \_\_\_\_\_ a.m to \_\_\_\_\_ p.m.
8.  Yes  No Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees? (If no, Abuse and Molestation coverage is not available)  
If yes, how often? \_\_\_\_\_
9.  Yes  No Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective volunteers? (If no, Abuse and Molestation coverage is not available)  
If yes, how often? \_\_\_\_\_
10.  Yes  No Does applicant have a Student Accident Insurance Policy in effect?

**B. EMPLOYEE OPERATIONS**

If the applicant has any employees or volunteers, please complete all of the following questions. If the applicant is the only employee, please move on to Section C.

1. Indicate the number of employees: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
2. Indicate the number of volunteers: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
3.  Yes  No Has there ever been an allegation of sexual abuse made against the employee or volunteer?  
If yes, please explain: \_\_\_\_\_

**C. OTHER OCCUPANCIES**

1. Is the center located in a:  private home  commercial bldg.  school  church  other (describe) \_\_\_\_\_
  - a. If located in a private home, provide the name of the homeowner's insurance company: \_\_\_\_\_
  - b. If located in a commercial building, please answer all of the following:
    1.  Yes  No Are there any other occupants in this building?  
If yes, please list all other occupants: \_\_\_\_\_
    2.  Yes  No Does the applicant own the building?
      - a.  Yes  No Does the insured lease any space to other tenants?  
If yes, what is the square footage of the area leased out? \_\_\_\_\_  
If yes, copies of the Lease Agreements must be attached.
      - b.  Yes  No Are any residential apartments located within this building?  
NOTE: If there are more than 2 apartments, you must contact the NSI Underwriter before submitting.  
If yes, how many apartments: \_\_\_\_\_ You must attach a copy of tenant's HO4 & Lease Agreement .

**D. TRANSPORTATION:**

1.  Yes  No Does the applicant provide any transportation of registrants? If yes, please answer the following:
  - a. Do you transport children in:  private vehicles  hired vehicles  public transportation  other \_\_\_\_\_
  - b. What is the youngest age of any driver: \_\_\_\_\_
  - c.  Yes  No Do you have a Commercial Auto policy? If yes, provide name of company: \_\_\_\_\_

**E. WATER ACTIVITIES:**

1.  Yes  No Does the applicant provide any on or off premises water activities? If yes, answer the following questions:
- a. Describe any water activities on the premises:  
 pool  wading pool (2 ft. or less)  other (explain) \_\_\_\_\_
- b.  Yes  No If there is a pool or wading pool, is it fenced?
- c.  Yes  No Is there a diving board? If yes, please contact NSI Underwriting Department.
- d.  Yes  No Is there a slide? If yes, please contact NSI Underwriting Department.
- e.  Yes  No Is there a certified life-guard on staff at the premise where the water activities are held?  
\*If no, maximum available limit for Water Activities Liability is \$150,000 per occurrence/\$150,000 aggregate.
- f.  Yes  No Are children allowed to participate in off-premises water activities?  
 If yes, please describe: \_\_\_\_\_
- g.  Yes  No Is written permission obtained from parents for any water activities?  
 If yes, please describe: \_\_\_\_\_

**F. OTHER ACTIVITIES**

1.  Yes  No Is there a trampoline on the premises?
2.  Yes  No Is there any gymnastic equipment on the premises?  
 If yes, please describe: \_\_\_\_\_
3.  Yes  No Are there any dogs on the premises?  
 If yes, please list the breed and any previous biting history: \_\_\_\_\_
4.  Yes  No Are there any other pets or animals on the premises?  
 If yes, please describe: \_\_\_\_\_
5.  Yes  No Are the children allowed contact with any animals?  
 If yes, please describe: \_\_\_\_\_

**2. PER OCCURRENCE/AGGREGATE LIMITS**

- \$300,000/600,000  \$500,000/1,000,000  \$1,000,000/2,000,000  \$1,000,000/3,000,000
- \$10,000 Medical Payment (Included)  \$200,000 Fire Legal (Included)

**3. ANY ADDITIONAL INSURED**

- Yes  No
- Managers or Lessors \_\_\_\_\_  Managers or Lessors \_\_\_\_\_
- Other \_\_\_\_\_  Other \_\_\_\_\_

**4. OPTIONAL LIABILITY COVERAGES**

Check "Yes" if you would like us to include the following coverages in our quote. Check "No" if you do not want to include the coverage.

<p><b>Abuse &amp; Molestation Coverage - Optional</b>                  Optional coverage is available for Physical Abuse or Sexual Molestation excluding the perpetrator. Multiple incidents to one person shall be deemed to be one occurrence and subject to coverage limits in effect at the time of the first incident. Coverage is limited within the General Liability Limits. Prior to providing coverage, Childcare operators must conduct personal background checks on all employees and volunteers (and all residents 18 years and older at in-home operations) or have signed affidavits as required by state statute. Background checks must be done regularly &amp; maintained in file for all current &amp; past employees including in-home residents (18 and older).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>Dog &amp; Cat Liability Coverage (In-home centers only)</b> - This endorsement provides a \$50,000 Per Occurrence and \$50,000 General Aggregate Limit of liability for bodily injury or property damage arising out of the insured's ownership, or care, custody, or control of any dog and/or cat. It is only available for in-home operations. (Damages arising out of the insured's ownership, or care, custody, or control of any dog and/or cat are otherwise excluded from coverage).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>Hired &amp; Non-owned Auto Liability</b> - Hired Auto Liability covers bodily injury and property damage arising out of the maintenance or use of a hired auto by you or your employees in the course of your business. Hired auto means any auto you lease, hire, rent, or borrow. Non-Owned Liability covers bodily injury and property damage arising out of the use of any non-owned auto in your business, by any person other than you, in the course of your business. Non-owned auto means any auto you do not own, lease, hire, rent, or borrow which is used in connection with your business.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>Water Activities - \$150,000/\$150,000 Limit</b> - This is an optional coverage to pay for bodily injury claims that arise out of the use, ownership, or maintenance of any body of water or pool whether the childcare water activities are on or off premises. This endorsement provides a \$150,000 per occurrence, \$150,000 general aggregate limit of coverage.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pool  Wading Pool (2 feet or less)

# Childcare Application

<b>Water Activities On &amp; Off Premises - Policy Limit</b>			
The limit of liability for water activities is the same as, and included within, the General Liability policy limit. This is an optional coverage to pay for bodily injury claims that arise out of the use, ownership, or maintenance of any body of water or pool whether the childcare water activities are on or off premises. (Certified lifeguard is required on premises for policy limits).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Roll-on EPLI</b> <input type="checkbox"/> \$100,000 Limit <b>Provide number of employees.</b> _____ <input type="checkbox"/> \$250,000 Limit (only available if 19 or less employees)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coverage for any actual or alleged act of discrimination, harassment, wrongful discipline, and many other employee related practices that you become legally obligated to pay.			
<b>Employee Benefit Liability</b> <b>Provide number of employees.</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
This is an optional coverage to pay for damages that are caused by any negligent act, error, or omission by you or any other person in connection with the administration of your "employee benefits program".			

**PROPERTY COVERAGES/BUILDING INFORMATION:** Property coverage desired?     Yes     No

**1. Location # \_\_\_\_\_ Building # \_\_\_\_\_**

1. Construction:       Frame     Joisted Masonry     NonCombustible     Masonry NonCombustible     Fire Resistive

2. Building Information:  
 Total Square Feet of Building \_\_\_\_\_ No. Stories \_\_\_\_\_ Prot. Class \_\_\_\_\_  
 Total Square Feet Leased Out \_\_\_\_\_ % Occupied \_\_\_\_\_ Age of Bldg. \_\_\_\_\_

3. Building Improvements:  
 Wiring Year \_\_\_\_\_ Roofing Year \_\_\_\_\_ Plumbing Year \_\_\_\_\_ Heating Year \_\_\_\_\_

4.  Yes     No    Is building sprinklered?

5.  Yes     No    Automatic Commercial Cooking Exhaust and Extinguishing System?

6. Feet to hydrant \_\_\_\_\_ Miles to Fire Station \_\_\_\_\_

7. Roof Surfacing Coverage Limitations:     ACV (Wind/Hail)     Exclude Cosmetic Damage (Wind/Hail) \*Doesn't apply to IN  
 N/A     Both

**LIMITS/VALUATION:**       RC       RC      Improvements &       RC  
 Building:\$ \_\_\_\_\_  ACV    Contents: \$ \_\_\_\_\_  ACV    Betterments:\$ \_\_\_\_\_  ACV

**PROPERTY DEDUCTIBLE:**     \$250     \$500     \$1,000     \$2,500

**Location # \_\_\_\_\_ Building # \_\_\_\_\_**

1. Construction:       Frame     Joisted Masonry     NonCombustible     Masonry NonCombustible     Fire Resistive

2. Building Information:  
 Total Square Feet of Building \_\_\_\_\_ No. Stories \_\_\_\_\_ Prot. Class \_\_\_\_\_  
 Total Square Feet Leased Out \_\_\_\_\_ % Occupied \_\_\_\_\_ Age of Bldg. \_\_\_\_\_

3. Building Improvements:  
 Wiring Year \_\_\_\_\_ Roofing Year \_\_\_\_\_ Plumbing Year \_\_\_\_\_ Heating Year \_\_\_\_\_

4.  Yes     No    Is building sprinklered?

5.  Yes     No    Automatic Commercial Cooking Exhaust and Extinguishing System?

6. Feet to hydrant \_\_\_\_\_ Miles to Fire Station \_\_\_\_\_

7. Roof Surfacing Coverage Limitations:     ACV (Wind/Hail)     Exclude Cosmetic Damage (Wind/Hail) \*Doesn't apply to IN  
 N/A     Both

**LIMITS/VALUATION:**       RC       RC      Improvements &       RC  
 Building \$ \_\_\_\_\_  ACV    Contents: \$ \_\_\_\_\_  ACV    Betterments:\$ \_\_\_\_\_  ACV

**2. ANY OPTIONAL PROPERTY COVERAGES:**     Yes     No

A.     Yes     No    Computer Coverage in excess of \$25,000? Excess limit \$ \_\_\_\_\_

B.     Yes     No    Condominium Unit – Owners Coverage

C.     Yes     No    Earthquake – Building       Yes     No      Earthquake – Personal Property

D.     Yes     No    Food Contamination

1.  Food Contamination Limit \$10,000 / Advertising Expense Limit \$3,000

2.  Food Contamination Limit \$15,000 / Advertising Expense Limit \$5,000

3.  Food Contamination Limit \$20,000 / Advertising Expense Limit \$7,500

4.  Food Contamination Limit \$25,000 / Advertising Expense Limit \$10,000

5.  Food Contamination Limit \$50,000 / Advertising Expense Limit \$15,000

6.  Food Contamination Limit \$75,000 / Advertising Expense Limit \$20,000

- E.  Yes  No Legal Liability in Excess of \$200,000: Building Limit \$ \_\_\_\_\_
- F.  Yes  No Outdoor Detached Signs in Excess of \$10,000. Excess Limit \$ \_\_\_\_\_
- G.  Yes  No Money and Securities (Note: \$15,000/\$7,000 inside/outside is automatically included in Plus Pak)
  - 1.  Inside Premises in Excess of \$15,000. Excess Limit \$ \_\_\_\_\_
  - 2.  Outside Premises in Excess of \$7,000. Excess Limit \$ \_\_\_\_\_
- H.  Yes  No Employee Dishonesty
  - 1. Number of Employees \_\_\_\_\_
  - 2. Limit:  \$10,000  \$25,000 (Contact Company for Higher Limits)

3. ANY ADDITIONAL INTERESTS:  Yes  No

Mortgagee \_\_\_\_\_  Mortgagee \_\_\_\_\_

Loss Payee \_\_\_\_\_  Loss Payee \_\_\_\_\_

**WORKER'S COMPENSATION (Not applicable in Indiana, Kentucky, Michigan, and Ohio)**

IF A QUOTE FOR WORKER'S COMPENSATION COVERAGE IS BEING REQUESTED  
 PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION.  
 A THREE YEARS LOSS HISTORY MUST BE SUBMITTED FOR ALL WORKERS COMPENSATION QUOTES

1.  Yes  No Is there a written *return to work program* in place, to encourage/assist employees in rejoining the workforce?  
 If yes, please attach a copy

**STOP GAP LIABILITY (Ohio only)**

1. Is Stop Gap Liability requested?  Yes\*  No
- \*If yes, please choose desired limits:  \$100,000/\$500,000/\$100,000  \$500,000/\$500,000/\$500,000  
 \$500,000/\$1,000,000/\$500,000  \$1,000,000/\$1,000,000/\$1,000,000

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

**NOTICE: PLEASE READ BEFORE SIGNING!**

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing. You are advised that you may make a request within a reasonable time after receipt of this Notice for a disclosure by **West Bend Mutual Insurance Company** of the nature and scope of the investigation requested.

**Fraud Warning**

Please refer to Acord 63 for state specific fraud warnings.

**All Other States:** Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Date \_\_\_\_\_ Time \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
 Agency Name and Producer's Signature \_\_\_\_\_

**FRAUD STATEMENTS**

AGENCY		CARRIER West Bend Mutual Insurance Company	NAIC CODE 15350
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

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. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

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

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)