

Mid America Specialty Markets 2800 Forum Blvd Suite 4B Columbia, MO 65203 573-447-4990 agencymail@midaminsurance.com

## Childcare Questionnaire (Attached to an Acord Application)

Policy N	Policy Number: (Attached to an Acord Application			Application)
Applicar	nt's name			
Address	S			
	Street nt's website address	City Contact's email addre	State	Zip
Арріїсаї	it a website address	Contact's chian addit		
Genera	I Questions			
1.	Center MUST be licensed or certified to be of	considered for coverage (Or "R	egistered" for Iowa or	nly).
2.	Attach a copy of the state license			
3.	Is the center:	☐Registered (Iowa Only)	□None (Attach a <u>c</u>	copy of license)
4.	How long has the center been in business?			
5.	In the past 12 months, have any complaints	_	□Ye	s 🗌 No
	If yes, please explain & provide document	ation		
6.	6. In the past 3 years has any of the applicant's licenses been revoked, suspended or placed under probation?  ☐ Yes ☐ No			
	If yes, please explain & provide document	ation		
7.	How many children is the application license	ed to care for? Loc 1	Loc 2	Loc 3
8.	Is applicant licensed/certified for: (Grades 1			200 0
	☐Infant Care	☐24 Hour Care	Sick Child Car	е
	☐Before/After School Care	□K4/K5	☐Other	
	What are the center's hours of operations?			
10.	0. 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.)  ☐ Yes ☐ No			
	If yes, how often?			
11.	Does the applicant perform a criminal backg offenses on prospective volunteers? (If no,		ge is not availab <u>le.</u> )	abuse related s
	If yes, how often?			
12.	Does applicant have a Student Accident Inst	urance Policy in effect?	□Ye	s 🗆 No
Employ	ee Operations			
If th	If the applicant has any employees or volunteers, please complete all of the following questions.			
1.	Indicate the number of employees:	Full-time		
2.	Indicate the number of volunteers:		Part-time	
<ol> <li>Has there ever been an allegation of sexual abuse made against the employee or volunteer?</li></ol>				
	If yes, please explain:			

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## **Other Occupancies**

1.	ls t	he center located in:		
		□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:	
	υ.	Are there any other occupants in	-	□Yes □No
		If yes, please list all other occu	-	
2.	Do	es the applicant own the building?	, parito	□Yes □No
۷.	a.		to other tenants?	□Yes □No
	u.	If yes, what is the square footage		□ 163 □ 140
	b.	Are any residential apartments loca		□Yes □No
	υ.		partments, you must contact the NSI l	
		If yes, how many apartments:	paramente, yeu maet eemaet ale 11er	ov serere easimalig.
			tenant's HO4 & Lease Agreement.	
Transp	orta	tion		
If th	ne ap	pplicant has any employees or volunt	eers, please complete all of the followi	ng questions.
			rtation of registrants? If yes, please ar	
		11 1 7 1	3 71	□Yes □No
	a.	Do you transport children in:		
		☐Private Vehicle ☐Hired Veh	icles Public Transportation	Other
	b.	What is the youngest age of any dr	iver:	
	C.	Do you have a Commercial Auto po	olicy?	□Yes □No
		If yes, provide name of company	:	
Water A				
1.		es the applicant provide any on or of	f premises water activities?	□Yes □No
	-	es, answer the following questions:		
	a.	Describe any water activities on the		
		□Pool □Wading Pool (2 ft. or		
	b.	If there is a pool or wading pool, is		□Yes □No
	C.		ase contact NSI Underwriting Departm	
	d.	Is there a slide? If yes, please con		∐Yes ∐No
	e.	is there a certified life-guard on sta	ff at the premise where the water activi	
		A		∐Yes ∐No
	f.	Are children allowed to participate i	n on-premises water activities?	
	~	If yes, please describe:  Is written permission obtained from	perents for any water estivities?	☐Yes ☐No
	g.	If yes, please describe:	parents for any water activities?	∐Yes ∐No
Other A	ctiv			
1.		here a trampoline on the premises?		□Yes □No
2.		here any gymnastic equipment on th	e nremises?	□Yes □No
۷.		f yes, please describe:	·	□ 163 □ NO
3.		there any dogs on the premises?		□Yes □No
			revious biting history:	
4.		there any other pets or animals on t		□Yes □No
		f yes, please describe:		<del>_</del>
5.		the children allowed contact with ar		□Yes □No
		f yes, please describe:	•	

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## **Optional Liability Coverage**

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

a.	Abuse & Molestation Coverage - Optional 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 with in the General Liability Limits. Prior to providing coverage, Childcare operators must conduct personal background checks on all employees and volunteers (and all residents 18 and older for in-home operations) or have signed affidavits as required by state statue. Background checks must be done regularly & maintained in file for all current & past employees including in-home residents (18 and older).	☐ Yes	□ No
b.	Dog & Cat Liability Coverage (In-home centers only)  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, care, custody and 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).	□ Yes	□ No
C.	Hired & Non-Owned Auto Liability 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.	☐ Yes	□ No
d.	Water Activities \$150,000/\$150,000 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. This endorsement provides a \$150,000 per occurrence, \$150,000 general aggregate limit of coverage.  Pool Wading Pool (2 feet or less)	□ Yes	□ No
e.	Water Activities On & Off Premises – Policy Limit 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).	☐ Yes	□ No
f.	Roll-on EPLI100,000 Limit250,000 (only available if 19 or less employees) Provide number of employees. 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.	☐ Yes	□ No
g.	Employee Benefit Liability Provide number of employees.  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".	☐ Yes	□ No

Workers' 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
THREE YEAR LOSS HISTORY MUST BE SUBMITTED FOR ALL WORKER'S COMPENSATION QUOTES

1. Is there a written return to work program in place, to encourage/assist employees in rejoining the workforce? If yes, please <u>attach a copy</u>.

The information I have provided is true and ac misrepresented any material fact(s) or information company to provide coverage.		
Applicant's Signature		Date
Agent's Signature	Agency Name	 Date

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