Member Companies of Western World Insurance Group

☐ Western World Insurance Company
☐ Tudor Insurance Company
☐ Stratford Insurance Company

Application
For
Day Care Centers & Nurseries

1. Name of Applicant _____
Street address _____
City _____ State _____ Zip _____
Applicant's Web Site address _____

2. ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Explain) _____

3. Date established: _____

4. Address of location to be insured (If same as above, write "same".)
Street address _____
City _____ State _____ Zip _____

5. Has applicant had previous insurance for this enterprise? ☐ Yes ☐ No
(If yes, provide the following information)

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

Effective Dates Desired From: _____ To: _____

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? (If yes, provide full details) ☐ Yes ☐ No
_____
_____

7. Provide details of licensing or certification needed for this operation: _____
_____

8. Provide the number of the following personnel.

		(Other and Explain)	
_____	Partners, Owners, Officers	_____	_____
_____	Full Time Staff	_____	_____
_____	Part Time Staff	_____	_____
_____	Independent Contractors	_____	_____

9. During the past 3 years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. ☐ Yes ☐ No
Include description of claim, amounts paid and reserves _____
_____
_____

10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? ☐ Yes ☐ No
If yes, provide full details _____

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past 3 years? (If yes, provide full details below) ☐ Yes ☐ No
_____

12. Number of children facility is licensed for? _____

13. Hours of operation? From _____ To _____

14. Annual gross receipts? _____

15. This operation is located in one of the following: (Please check one)
☐ Private home ☐ Church ☐ School ☐ Location built specifically for a day care center or nursery
☐ Other Give full explanation. _____

16. Please describe:
(A) Construction of building _____
(B) Number of stories _____
(C) Type of fire protection system _____
(D) T he emergency evacuation plan _____
(E) Total square footage of building _____

17. Give number of children in each age group and teachers/attendants for each group.

Age Group	Number of Children Full Day	A.M.	P.M.	No. of Teachers
1 Thru 12 Months				
1 Thru 3 Years				
4 Thru 5 Years				
6 Thru 10 Years				

Ratio of teachers to children must meet company requirements.

18. Do you require a physical examination or medical certificate before a child is accepted? ☐ Yes ☐ No

19. Do you accept handicapped children? ☐ Yes ☐ No
If yes, state the number and degree of handicap # _____ Degree _____

20. Play equipment on premises:
☐ Pool Size: _____ X _____ FT. Depth: From _____FT. to _____ FT.
☐ Swings ☐ Jungle Gym ☐ Slide ☐ Sandbox ☐ Trampoline
☐ Other (List) _____
Is all play equipment securely anchored? ☐ Yes ☐ No

21. Are there any animals on the premises? ☐ Yes ☐ No
If yes, explain _____

22. Is yard fully fenced? ☐ Yes ☐ No

23. Are there any special classes taught? (swimming, gymnastics, for example) ☐ Yes ☐ No
If yes, list _____

24. Are there any overnight stays? ☐ Yes ☐ No
If yes, give full details _____

25. Provide full details of field trips including amount of supervision: _____

26. Will you accept a child who is sick? ☐ Yes ☐ No
If yes, how is situation handled. _____

27. Are any medications administered? ☐ Yes ☐ No
If yes, do you require a signed consent form from parent or guardian? ☐ Yes ☐ No

28. Do you have a before/after school program? ☐ Yes ☐ No
If yes, who is responsible for seeing the child gets to and from school? _____

29. Do you require written notification if someone other than the parent or guardian will be picking up the child? ☐ Yes ☐ No

30. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc.
Attach a list of all employees along with their experience and qualifications _____

Do you use any volunteers? ☐ Yes ☐ No
If yes, describe _____

31.

Type of Coverage Desired	Limits of Liability Desired	Effective Dates Desired
Professional		
OLT		
Products (Food & drinks served)		
Other		

32. Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime? ☐ Yes ☐ No
Please provide complete details _____

IF SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE COMPLETE QUESTIONS 33 THROUGH 37.
If not desired, please sign application at bottom of page

33. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? ☐ Yes ☐ No
Please provide details _____

34. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there? ☐ Yes ☐ No
Describe _____

35. Does your facility do background checks on all employees and volunteers? ☐ Yes ☐ No
Describe type of checks performed (prior employer, police, etc.) _____

36. Please check the limits you are requesting:

☐ $25,000/50,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $300,000/300,000

Applicant's Signature: _____

Title: _____ Date: _____