

Roush Insurance Services, Inc.
PO Box 1060, Noblesville IN 46061-1060
Ph: (800) 752-8402 Fax: (317) 776-6891
Email: quote@roushins.com
Applications available at www.roushins.com

Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Day Care Application

Proposed Dates: From _____ to _____

(Please Note: Quotation may not conform to limits and coverages requested on application.)

Applicant Name _____ Inspection Contact _____
 DBA _____ Inspection Contact Phone Number _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone: Day _____ Evening _____ Website _____
 Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____
 Business Description _____
 Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No
 Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No,
 Reason for Lapse: _____
 Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____
 Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____
 Is applicant in Bankruptcy? Yes No, Describe _____

Property Section

1. Property Locations: (Street Address, City, County, State and Zip Code)

Premises ___ Building ___: _____
 Occupancy: _____
 Premises ___ Building ___: _____
 Occupancy: _____

2. Values: (Blanket Coverage Not Available)

Provide Value Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___
Valuation	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Building	\$	\$
Business Personal Property	\$	\$
Loss of Income	\$	\$
Sign	\$	\$
Purchase Price	\$	\$
Improvements	\$	\$
Equipment Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Deductible: \$1,000 \$2,500 \$5,000 **Coverage:** Basic Broad Special

3. Description Of Premises:

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___
Construction		
Protection Class		
No. Apt. Units		
% of Building Occupied	_____ %	_____ %
Total square feet		
No. Stories		
Year Built		

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___
Distance to nearest building?	_____ ft	_____ ft
Minimum 100 Amp Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interior aluminum wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does building have a central alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg
Comml cooking on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a fire suppression unit with a service contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.

4. Year Of Updates:

Provide Detail	Prem ___ Bldg ___	Prem ___ Bldg ___
Heating/Air Conditioning	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Plumbing	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Roof	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.
Wiring & Electrical	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

General Liability

LIABILITY LIMITS \$ _____ **Per Occurrence / \$** _____ **Aggregate**

- 6. 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

7. Sexual and/or Physical Abuse Coverage Limits:

Day Care Centers	In-Home Day Care
<input type="checkbox"/> \$100,000 Per Claim/\$300,000 Aggregate (included)	<input type="checkbox"/> \$25,000 Per Claim/\$ 50,000 Aggregate (included)
<input type="checkbox"/> \$250,000 Per Claim/\$500,000 Aggregate	<input type="checkbox"/> \$50,000 Per Claim/\$100,000 Aggregate
	<input type="checkbox"/> \$100,000 Per Claim/\$300,000 Aggregate

- 8.** 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: _____

- 9.** Maximum number of children on premises at any one time: _____
Average daily attendance: _____

10. Total number of employees:.....

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

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

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

Age Group	Number of Children	Number of Attendants
One to Six Months		
Seven to Twelve (12) Months		
One to Three Years		
Over Three Years to Eight Years		
Over Eight Years		

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

15. Are Recreational Facilities provided?..... Yes No

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 any bodies of water, swimming or wading pools?..... Yes No

If yes:

Number of pools over eighteen inches (18") deep:.....

Number of wading pools eighteen inches (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

If yes, describe: _____

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

If yes, please describe: _____

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

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

Are any vehicles with a seating capacity exceeding fifteen (15) passengers utilized?..... Yes No

If yes, explain: _____

18. 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

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

Any medication dispensed?..... Yes No

If yes, please describe: _____

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

Carrier: _____ Policy Number: _____ Policy Term: _____

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

If no, describe authorization procedure: _____

22. Describe how injuries and illnesses are handled: _____

23. Have any Crimes Occurred or Been Attempted on your Premises within the Last 3 Years?..... Yes No
24. Are there any Safety and Security Procedures in Place?..... Yes No
Describe (Alarm, Fence, Signs, Etc.): _____
25. Is there a Parking Lot on Premises for Customers?..... Yes No
Size of Parking Lot _____ sq ft Maintained by _____
26. Are any New Operations Planned in the Next Twelve Months?..... Yes No
Describe _____
27. Hours of Operation: Mon-Thu _____ Fri _____ Sat _____ Sun _____
28. Other Business on Premises?..... Yes No
Describe _____

29. **Mortgagee/Loss Payable Information:** Mortgagee Contract Buyer Contract Seller Loss Payable Addtl. Insured

Name	Address	Loan Number

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 in OH.)

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.

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.

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____