

MINNESOTA JOINT UNDERWRITING ASSOCIATION
445 MINNESOTA ST SUITE 514
ST. PAUL, MN 55101
1 (800) 552-0013 or (651) 222-0484 fax: (651) 222-7824

**DAY CARE PROVIDERS LIABILITY INSURANCE APPLICATION
FOR OCCURRENCE COVERAGE**

1. Name of Applicant: _____

2. Address: _____

3. Phone: _____ Fax: _____

4. Agent: _____

5. Agent Address: _____

6. Proposed Named Insured Is:

____ Individual ____ Partnership ____ Corporation
____ Joint Venture ____ Other: _____

7. List of Officers, Partners of the Name of the Individual Owner:

- _____
- _____

8. Years in Business: _____

9. Center is located in:

____ School ____ Church ____ Separate Building
____ Other: _____

10. Open – hours per day: _____ Days per week: _____

11. Managers/Owners hours and responsibilities: _____

- _____

12. Does the center provide any live-in care? ____ Yes ____ No

13. Area surrounding premises:

<input type="checkbox"/> Downtown District	<input type="checkbox"/> Industrial	<input type="checkbox"/> Rural
<input type="checkbox"/> Shopping Center	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Resort
<input type="checkbox"/> Residential/Commercial	<input type="checkbox"/> Suburban Commercial	<input type="checkbox"/> Declining Commercial

14. Type of building construction: _____

15. Describe repair of building: _____

16. Number of stories: _____

17. If the applicant only occupies a portion, on which story is the applicant's premises?

18. If the applicant only occupies a portion, what are other occupancies? _____
- _____

19. If applicant only occupies a portion, what are adjacent occupancies? _____
- _____

20. Number of exits from premises? _____

21. Are the premises fenced? Yes No If yes, type and height: _____

22. Number of fire extinguishers on premises? _____

23. Is the premises protected with smoke detectors? Yes No

24. Is the premises protected with a fire alarm? Yes No
If yes, is it Manual Automatic

25. Are closet and bathroom doors easily opened by readily accessible devices in case of emergency? Yes No

26. Are all poisonous/toxic materials kept under lock and key out of children's reach?
 Yes No

27. Is the cooking area cleaned daily and all aged items disposed? Yes No

28. Are toys, furniture and eating utensils suitable for the size and developmental levels of the children? Yes No

29. Describe repair of toys, equipment and furniture? _____

30. Does the center have a playground? Yes No If yes, describe equipment, condition and maintenance schedule: _____
 - _____
31. Are there any pets at the location? Yes No If yes, describe pet including size: _____ Has it ever exhibited aggressive tendencies or injured someone? _____
32. Staff breakdown by age of child is:
 _____ staff for each _____ child under 2 years old.
 _____ staff for each _____ child 2-3 years old.
 _____ staff for each _____ child 3-5 years old.
 _____ staff for each _____ child 5-7 years old.
 _____ staff for each _____ child over 7 years old.
33. Are employees trained in child development/early childhood education, recreation or a related field? Yes No If yes, describe training: _____
 - _____
34. Do employees demonstrate appropriate personal characteristics working with children? Yes No
35. Are all employees free of physical and psychological conditions that might adversely affect children's health? Yes No
36. Is any member of the staff under investigation for or have a previous record of child abuse or neglect? Yes No
37. Do hiring procedures for all employees include:
 Careful checking of personal references? Yes No
 Police record checks? Yes No
 Pre-employment physical examinations,
 Tuberculosis tests and evaluation of any infection? Yes No
38. Is there an orientation program for new staff members that explains the goals and philosophy of the center, emergency health and safety procedures?
 Yes No
39. Are new staff members subject to a probationary employment period during which the director, or other qualified person, can make a professional judgement as to their physical and psychological competence for working with children?
 Yes No
40. Number of children currently cared for:
 2 years and less: _____ 2-6 years: _____ 6 years and older: _____

41. Name, address and phone of licensing authority: (Attach copy of license)

- _____
- _____
- _____
Phone: _____

42. Are there any children enrolled at the center who are emotionally or physically handicapped? Yes No If yes, describe: _____

- _____

43. Are children under adult supervision at all times? Yes No If no, explain when this is not true: _____

44. Is there a swimming pool on the premises? Yes No

PRIOR CARRIER INFORMATION

Year	Carrier	Policy Number	Limits	Annual Premium
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____

Loss and Claims History

Enter all losses and claims for the prior 5 years. Add separate sheets if necessary.

Date of loss: _____ Type of loss: _____
Amount paid: _____ Reserve: _____
Description: _____
- _____

Date of loss: _____ Type of loss: _____
Amount paid: _____ Reserve: _____
Description: _____
- _____

I, the undersigned, certify and attest that I have been unable to obtain, through ordinary methods, the insurance I am applying for with this application.

Signature of applicant

Date

AS A PART OF YOUR APPLICATION YOU MUST INCLUDE A LETTER OF REJECTION FROM A STANDARD MARKET INSURANCE COMPANY.

