

Minnesota Joint Underwriting Association
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Burnsville, MN 55337
1-800-552-0013 or 952-641-0260
Fax: 952-641-0274
www.mjua.org

DAY CARE PROVIDERS LIABILITY RENEWAL APPLICATION
GENERAL LIABILITY
CLAIMS-MADE COVERAGE

INSURED INFORMATION

Policy Number: _____

1. Named Insured: _____
2. Mailing Address: _____

3. County: _____ Phone: _____ Email: _____
4. Day Care is located in:
 ____ School ____ Church ____ Separate Building ____ Home
 ____ Other: _____
5. Day Care Address: _____
6. Open – hours per day: _____ Days per week: _____
7. Managers/Owners hours and responsibilities: _____

8. Does the center provide any live-in care? ____ Yes ____ No
9. Area surrounding premises:
 ____ Downtown District ____ Industrial ____ Rural
 ____ Shopping Center ____ Seasonal ____ Resort
 ____ Residential/Commercial ____ Suburban Commercial ____ Declining Commercial
10. Type of building construction: _____
11. Describe repair of building: _____
12. Number of stories: _____
13. If the applicant only occupies a portion of the building, on which story is the applicant's premises?

14. If the applicant only occupies a portion of the building, what are other occupancies? _____

15. If applicant only occupies a portion of the building, what are adjacent occupancies? _____

16. Number of exits from premises? _____
17. Are the premises fenced? Yes No If yes, type and height: _____
18. Number of fire extinguishers on premises? _____
19. Is the premises protected with smoke detectors? Yes No
20. Is the premises protected with a fire alarm? Yes No
If yes, is it Manual Automatic
21. Are closet and bathroom doors easily opened by readily accessible devices in case of emergency? Yes No
22. Are all poisonous/toxic materials kept under lock and key out of children's reach?
 Yes No
23. Is the cooking area cleaned daily and all aged items disposed? Yes No
24. Are toys, furniture and eating utensils suitable for the size and developmental levels of the children? Yes No
25. Describe repair of toys, equipment and furniture? _____
26. Does the center have a playground? Yes No If yes, describe equipment, condition and maintenance schedule: _____

27. Are there any pets at the location? Yes No If yes, describe pet including size: _____ Has it ever exhibited aggressive tendencies or injured someone? _____
28. Number of Employees: _____
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.
29. Are employees trained in child development/early childhood education, recreation or a related field? Yes No If yes, describe training: _____

30. Do employees demonstrate appropriate personal characteristics working with children? Yes No
31. Are all employees free of physical and psychological conditions that might adversely affect children's health? Yes No
32. Is any member of the staff under investigation for or have a previous record of child abuse or neglect? Yes No

33. 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
34. 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
35. 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
36. Number of children currently licensed for (capacity): _____
2 years and less: _____ 2-6 years: _____ 6 years and older: _____
37. Name, address and phone of licensing authority: **(Attach copy of license)**

Phone: _____
38. Date of most recent licensing review or investigation: _____
39. Outcome of most recent licensing review or investigation: In Compliance Violation(s)
***Attach copies of the last three licensing reviews showing all violations (if applicable)**
40. Have any Licensing Actions, Fines, and/or Maltreatment Investigation Memorandums been issued in the last three years? List dates issued: _____
***Attach copies of all licensing actions, fines, and memorandums**
41. Are there any children enrolled at the center who are emotionally or physically handicapped? Yes No If yes, describe: _____

42. Are children under adult supervision at all times? Yes No If no, explain when this is not true: _____
43. Is there a swimming pool on the premises? Yes No

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL INSUREDS

Does the insured conduct any activities outside the state of Minnesota for which the applicant is applying for insurance from MJUA?

No Yes

If Yes, identify the percentage amount of the insured's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

Is the insurance for which the insured is obtaining from MJUA required by statute, ordinance, or otherwise required by Minnesota law?

_____ No _____ Yes

If Yes, identify the statute, ordinance, or Minnesota law requiring such insurance.

Does the insured understand that the insurance obtained through the MJUA does not cover, and will not indemnify, the insured for any liability or loss arising from the insured's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.

_____ No _____ Yes

SIGNATURES

I declare to the best of my knowledge that all statements here in are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Insured's Signature: _____ Date: _____

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____