

Please print, complete, sign and return by mail or fax to:

Carter and Company, LLP

P.O. Box 672

Luling, TX 78648

FAX: 830-875-9362



Childcare Application

Producer Name _____ Producer Code _____

Producer Address _____ Date ____ / ____ / ____

BASIC INFORMATION

All Named Insureds _____

Loss Control Contact Name: _____ Phone (____) _____

Is there at least 51% common ownership between all entities? Yes No

Mailing address _____ City _____ State _____

Loc 1 address _____ City _____ State _____

Loc 2 address _____ City _____ State _____

Loc 3 address _____ City _____ State _____

Website Address _____

Type of Entity: Individual Partnership Corporation Joint Venture

Are you a "non profit" entity? Yes No

Date business started under current ownership ____ / ____ / ____

Proposed Effective Date ____ / ____ / ____ Proposed Expiration Date ____ / ____ / ____

Current Carrier _____

Is this policy being non-renewed? Yes No

Expiring Premium: GL __, __, __, __ Prop __, __, __, __ Auto __, __, __, __

List all losses in the last five years:

Date of Claim	Line of Business	Description of Claim	Open/Closed	Paid	Reserve
__ / __ / __	_____	_____	<input type="checkbox"/> O <input type="checkbox"/> C	__, __, __, __	__, __, __, __
__ / __ / __	_____	_____	<input type="checkbox"/> O <input type="checkbox"/> C	__, __, __, __	__, __, __, __
__ / __ / __	_____	_____	<input type="checkbox"/> O <input type="checkbox"/> C	__, __, __, __	__, __, __, __
__ / __ / __	_____	_____	<input type="checkbox"/> O <input type="checkbox"/> C	__, __, __, __	__, __, __, __

Have you had any bankruptcies, tax or credit liens against you in the last 5 Years? Yes No

If yes, please explain

GENERAL INFORMATION

1 Are you a member of: NCCA NECPA Other Describe

2 Are you licensed as a: Location 1 Center School In Home Nursery Parent Co-op

Location 2 Center School In Home Nursery Parent Co-op

Location 3 Center School In Home Nursery Parent Co-op

3 What is your licensed Capacity: Location 1: _____ Location 2: _____ Location 3: _____

Please attach a copy of your current license per location.



- 4 What is your "average daily attendance:" Location 1: _____ Location 2: _____ Location 3: _____
- 5 Has your license ever been suspended or revoked? Respond Yes or No: Location 1: _____ Location 2: _____ Location 3: _____
If yes, please explain: _____
- 6 What is the age of the oldest child in your care: Location 1: _____ Location 2: _____ Location 3: _____
- 7 Describe the duties of all staff members or volunteers under the age of 18

- 8 Who is your student accident insurance carrier _____
- 9 Is your student accident coverage: Primary Excess

PLAYGROUND INFORMATION

- 10 Do you have a playground? Location 1 Yes No Is it fenced? Yes No
Location 2 Yes No Is it fenced? Yes No
Location 3 Yes No Is it fenced? Yes No
- 11 Is there at least three inches of shock absorbing material at all play equipment fall zones?
Location 1 Yes No
Location 2 Yes No
Location 3 Yes No



- 12 Describe the shock absorbing surface:
Location 1 _____
Location 2 _____
Location 3 _____
- 13 Describe the maintenance, care and frequency of inspection of the shock absorbing surface:
Location 1 _____
Location 2 _____
Location 3 _____
- 14 Do you have any trampolines at any location? Yes No

FIELDTRIPS

- 15 Provide the destination and frequency of all field trips:
Location 1 _____
Location 2 _____
Location 3 _____
- 16 What is the age of the youngest child allowed on field trips: Location 1: _____ Location 2: _____ Location 3: _____
- 17 Describe all overnight field trips: _____



- 18 Describe the controls you have in place to prevent a child from being lost or left at a field trip location:

ENRICHMENT CLASSES/EDUCATION

19 Describe all special classes available to the children (i.e.: team sports, dance, gymnastics, karate, computer, etc)

Location 1 _____

Location 2 _____

Location 3 _____

20 Are these classes taught by someone other than you or your employees? Yes No

21 If Yes, are certificates of insurance obtained from the instructor? Yes No

PETS

22 List all pets on premises

Location 1 _____

Location 2 _____

Location 3 _____



23 Describe procedures in place for safe handling of all pets:

DROP IN CARE

24 How many “drop-in” children do you accept on a daily basis: Location 1: _____ Location 2: _____ Location 3: _____

25 Do you require enrollment forms for all “drop-in” children? Yes No

BOTTLE WARMING PROCEDURES

26 What device do you use to warm baby bottles:

Location 1 _____

Location 2 _____

Location 3 _____

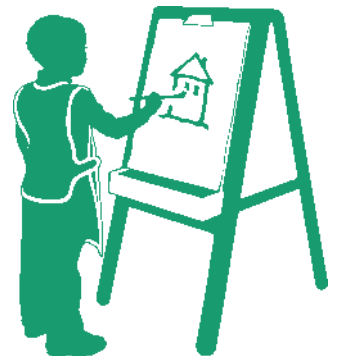
27 Are cords on these devices and outlets out of reach of all children? Yes No

28 Describe your procedures in place at all locations to prevent children from being burned by overheated bottles:

ACTIVITIES

29 Describe all water and swimming activities per location (check all that apply):

- | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| No water activities of any kind | Location 1 <input type="checkbox"/> | Location 2 <input type="checkbox"/> | Location 3 <input type="checkbox"/> |
| Pool on premise | Location 1 <input type="checkbox"/> | Location 2 <input type="checkbox"/> | Location 3 <input type="checkbox"/> |
| Public Pool | Location 1 <input type="checkbox"/> | Location 2 <input type="checkbox"/> | Location 3 <input type="checkbox"/> |
| Private Pool | Location 1 <input type="checkbox"/> | Location 2 <input type="checkbox"/> | Location 3 <input type="checkbox"/> |
| Lake | Location 1 <input type="checkbox"/> | Location 2 <input type="checkbox"/> | Location 3 <input type="checkbox"/> |
| Ocean | Location 1 <input type="checkbox"/> | Location 2 <input type="checkbox"/> | Location 3 <input type="checkbox"/> |
| Water Park | Location 1 <input type="checkbox"/> | Location 2 <input type="checkbox"/> | Location 3 <input type="checkbox"/> |
| Other | Location 1 <input type="checkbox"/> | Location 2 <input type="checkbox"/> | Location 3 <input type="checkbox"/> |
| Describe “other” | | | |



- 30** What is the age of the youngest child allowed to have swimming lessons? Location 1: ____ Location 2: ____ Location 3: ____
- 31** What is the age of the youngest child allowed to free swim? Location 1: ____ Location 2: ____ Location 3: ____
- 32** Do you have one staff member for every four children under the age of six?
 Location 1 Yes No Location 2 Yes No Location 3 Yes No
- 33** Do you have one staff member for every ten children who are six and over?
 Location 1 Yes No Location 2 Yes No Location 3 Yes No
- 34** Are the children ever permitted to use diving boards, water trampolines or water slides:
 Location 1 Yes No Location 2 Yes No Location 3 Yes No
- 35** If you have a pool on premises, describe any use of the pool by "other than center children":
 Location 1 _____
 Location 2 _____
 Location 3 _____



SEXUAL ABUSE INFORMATION

- 36** Does your employment application include questions regarding convictions of any crimes, including sex-related or child abuse offenses.
 Location 1 Yes No Location 2 Yes No Location 3 Yes No
- 37** Do you conduct criminal background investigations on all employees and volunteers
 Location 1 Yes No Location 2 Yes No Location 3 Yes No
 If not, explain why: _____
- 38** Your employee background checks include: Criminal Background Investigation Personal References
Police Record Checks Physical Exams Emotional Check Personal Interview
- 39** Describe any incidents or allegation of sexual or physical abuse _____

- 40** Was a claim made against you? Yes No What was the claim settlement? _____

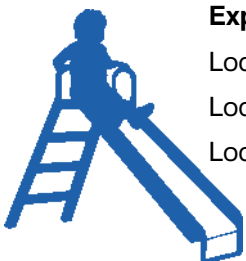
PROPERTY LIMITS AND COVERAGE

Loc #	Bldg #	Subject of Insurance	Limit of In	Coin %	Valuation	Deduct.	Sprinklered	Alarm Type*
---	---	_____	'- - - - -'	---	<input type="checkbox"/> RC <input type="checkbox"/> AVC	-, - - - -	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> L
---	---	_____	'- - - - -'	---	<input type="checkbox"/> RC <input type="checkbox"/> AVC	-, - - - -	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> L
---	---	_____	'- - - - -'	---	<input type="checkbox"/> RC <input type="checkbox"/> AVC	-, - - - -	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> L
---	---	_____	'- - - - -'	---	<input type="checkbox"/> RC <input type="checkbox"/> AVC	-, - - - -	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> L
---	---	_____	'- - - - -'	---	<input type="checkbox"/> RC <input type="checkbox"/> AVC	-, - - - -	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> L
---	---	_____	'- - - - -'	---	<input type="checkbox"/> RC <input type="checkbox"/> AVC	-, - - - -	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> L

*Alarm Types: (B) Burglar, (F) Fire, (C) Central Station, (L) Local

Exposure & Distance:

Loc. 1: Right Exp. ____ Right Dist. ____ Left Exp. ____ Left Dist. ____ Rear Exp. ____ Rear Dist. ____
 Loc. 2: Right Exp. ____ Right Dist. ____ Left Exp. ____ Left Dist. ____ Rear Exp. ____ Rear Dist. ____
 Loc. 3: Right Exp. ____ Right Dist. ____ Left Exp. ____ Left Dist. ____ Rear Exp. ____ Rear Dist. ____



Loc #	Bldg #	Yr. Built	Total Area Sq. Feet	Constr.*	Stories	Updates if Bldg Over 30 Yrs. Old
---	---	__/__/__	____,____	_____	---	_____
---	---	__/__/__	____,____	_____	---	_____
---	---	__/__/__	____,____	_____	---	_____
---	---	__/__/__	____,____	_____	---	_____
---	---	__/__/__	____,____	_____	---	_____

* **Construction:** (F) Frame, (JM) Joisted Masonry, (NC) Non-Combustible, (MN) Masonry Non-Combustible, (MF) Modified Fire Resistant, (FR) Fire Resistant

41 Are you located in: P=Private dwelling, B=Seperate building, C=Church, CD=Converted dwelling, S=School, or O=Other

Please define by circling the appropriate response or describing "other"

Location 1 P B C CD S Other _____

Location 2 P B C CD S Other _____

Location 3 P B C CD S Other _____

42 If your operations are in a private home or a converted dwelling:

How many individual reside at this location? Location 1: _____ Location 2: _____ Location 3: _____

Do the children have a separate entrance/exits: Location 1 Yes No Location 2 Yes No Location 3 Yes No

Do the children have access to your living area: Location 1 Yes No Location 2 Yes No Location 3 Yes No

If your operations are in a converted dwelling, what was the date of the conversion:

Location 1: __/__/__ Location 2: __/__/__ Location 3: __/__/__

Additional comment or requests: _____

An Acord Application is required for Crime, EDP, and Glass

ADDITIONAL INTERESTS - PROPERTY

Loc #	Bldg#	Name / Address / City / ZIP	Insurable Interest (i.e. mortgage, loss payee)
---	---	_____/_____/_____/____	_____
---	---	_____/_____/_____/____	_____
---	---	_____/_____/_____/____	_____
---	---	_____/_____/_____/____	_____

GL LIMITS AND COVERAGE

General Liability Limits Desired:	General Aggregate	____,____,____
	Products & Completed Operations Aggregate	____,____,____
	Personal & Advertising Injury	____,____,____
	Each Occurrence	____,____,____
	Fire Damage Legal Liability	____,____,____
	Medical Expense	____,____,____
Employee Benefits Limits Desired:	Aggregate	____,____,____
	Occurrence	____,____,____
	Retro date	____,____,____



FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont) Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

For Florida Applicants only: Agent's Name: _____ FL License Number: _____

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Applicant's Signature: _____ Date: __ __ / __ __ / __ __

Title _____

Producers' Signature: _____ Date: __ __ / __ __ / __ __

