

Please Print, Sign and Return Completed Form Via Mail or Fax To:

Carter and Company, LLP

P.O. Box 672

Luling, TX 78648

FAX: 830-875-9362

New Renewal

Expiring Policy _____

Expiration Date _____

MANDATORY INFORMATION—ALL questions must be answered and signature provided or application will be returned.

Please Print

1. Name of Provider _____

2. Name of Family Home If Different From Above _____

3. Address _____

City _____ State _____ Zip _____ County _____

4. Telephone Number (and Area Code) (_____) _____ - _____

5. Number of full time children cared for _____ Number of before/after school children cared for _____

Note: up to two before/after school children covered at no additional charge. If two or less before/after school children are cared for, do not include for purposes of calculating your rate below.

6. Maximum number of children cared for at any given time _____

7. Are you a resident of the home where the child care is being provided? Yes No

If no, please explain. _____

8. Are you in compliance with registration/certification laws in your state? Yes No

Please provide a copy of your license/certification.

9. Has your child care license ever been revoked or suspended?..... Yes No

If yes, please explain. _____

10. Has your child care insurance been nonrenewed or cancelled? Yes No

If yes, please explain. _____

11. Have you had any claims filed against you in the last 5 years? Yes No

If yes, please explain. _____

12. Do you have any on-premises swimming facilities other than a wading pool?..... Yes No

Are children in your care allowed to use them? Yes No

Is the pool fenced on all four sides with a self-locking gate? Yes No

13. Do you own a dog? Yes No

If yes, state breed(s)* _____

If yes, how are dogs kept away from children? _____

14. Do you have someone to back you up in the event of an emergency?..... Yes No

15. Do you accept any boarders in your home?..... Yes No

Annual Cost—Please circle desired limit/number of children.

Includes terrorism premium, taxes, and fees where applicable.

Liability Limits (Occurrence/Aggregate)**	1-6 Children	7-12 Children	13-18 Children
25,000/50,000/5,000	260	375	480
50,000/100,000/5,000	340	490	630
100,000/300,000/5,000	380	550	715
300,000/900,000/5,000	460	675	875
500,000/1,500,000/5,000	515	760	985
1,000,000/3,000,000/5,000	605	895	1,155

* We cannot write your coverage if the breed is Rottweiler, Pit Bull, Doberman, Bull Mastiff, or mixed breed dog where the dominant breed is one of the preceding four based upon physical characteristics.

** per occurrence liability limit/aggregate liability limit/medical payments limit **NOTE:** Rates are subject to change.

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the United States Terrorism Risk Insurance Act of 2002 (Public law 107-297) (the "Act"), effective November 26, 2002, you have a right to purchase insurance coverage for losses arising out of an act of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the United States Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States: to be an act of terrorism; to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

IF YOU ARE ISSUED THE NEW OR RENEWAL POLICY FOR WHICH YOU HAVE APPLIED, LANTANA INSURANCE LTD. WILL PROVIDE COVERAGE AGAINST AN ACT OF TERRORISM AS DEFINED IN THE ACT.

THE PREMIUM CHARGED FOR COVERAGE AGAINST AN ACT OF TERRORISM AS DEFINED IN THE ACT IS \$5.00.

IF YOU FAIL TO PAY THE ENTIRE PREMIUM FOR THE POLICY YOUR POLICY WILL NOT BE ISSUED.

You should know that coverage provided by this policy for losses caused by a certified act of terrorism is partially reimbursed by the United States under a formula established by United States federal law. Under this formula, the United States federal government pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The \$5.00 premium charged for coverage against an act of terrorism does not include any charges for the portion of loss covered by the United States federal government under the Act.

IF YOU SUBMIT A SIGNED APPLICATION AND A POLICY IS ISSUED TO YOU, YOU WILL BE COVERED FOR LOSSES ARISING FROM AN ACT OF TERRORISM AS DEFINED IN THE ACT. IF YOU DO NOT DESIRE TO PURCHASE COVERAGE AS PROVIDED HEREIN, YOU SHOULD NOT APPLY FOR THIS INSURANCE.

Coverage starts upon receipt and acceptance of a fully completed application and corresponding payment. In the event that the application is incomplete or unacceptable, application and payment will be returned.

Coverage will not be in effect if the premium remittance that accompanies the application is dishonored by a financial institution. Any policy, binder or application for which payment is dishonored will be null and void.

Application Signature

Material Representation: The signatory represents that all responses are true and does not contemplate any misstatement or suppression of fact. It is understood that all the statements in the application are the insured's representation and are deemed material to the underwriting and acceptance of risk.

Name & Telephone Number of Producer (if applicable) _____

Signature (Family Home Provider) _____