

Liability Coverage for

# Daycare Centers & Nurseries

Daycare and Nursery facilities nurture our children through their early years.

Western World Insurance offers peace-of-mind coverage to these care givers.



#### Coverage Highlights:

- Comprehensive General and Professional Liability including \$5,000 in Medical Payments.
- Occurrence-based coverage.
- Limits of \$1,000,000/3,000,000 and \$2,000,000/2,000,000 are available.
- Sexual Molestation Sublimit of \$25,000/50,000 automatically included.  
*Defense is OUTSIDE the limits.*
- Optional Sexual Molestation limits of up to \$1,000,000/2,000,000 are available.  
*Defense is OUTSIDE the limits.*
- Employees as Insureds automatically included for General and Professional Liability.
- \$0 Deductible.
- No Communicable Disease exclusion.
- Property coverage is available.
- Hired and Non-Owned Auto coverage is available.

- In-Home and Commercial Facilities.
- State Requirements for provider/child ratios.
- Pools Meeting Underwriting Guidelines are acceptable.
- "Mommy and Me" and properly staffed "Drop-In" Centers are acceptable.

For more information on our company, visit our web site at: [www.westernworld.com](http://www.westernworld.com).

05/2009



**Western World** Contract Casualty  
Rated A+ (Superior) by A.M. Best Company

A Member Company of the Western World Insurance Group  
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Phone: 201-847-8600 ▪ Fax: 201-847-1010 ▪ Web Site: [www.westernworld.com](http://www.westernworld.com)



**AAMGA**  
American Association of  
Managing General Agents

Western World Insurance Group is actively involved in leading industry trade, professional, and educational associations including NAPSLO, PLUS, PCI and AAMGA.

Western World Insurance Company

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Application

For

# Daycare Centers & Nurseries

1. Name of Applicant: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Applicant's Web Site address: \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain): \_\_\_\_\_

3. Date established: \_\_\_\_\_

4. Address of location to be insured (If same as above, write "same.")  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Has applicant had previous insurance for this enterprise? (If Yes, please provide the following information.)  Yes  No

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

Effective Dates Desired. From: \_\_\_\_\_ To: \_\_\_\_\_

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise?  Yes  No  
 (If Yes, please provide full details on Attachment to A51.)

7. Provide details of licensing, certification or registration needed for this operation: \_\_\_\_\_  
 \_\_\_\_\_

8. Is applicant currently operating under a license "warning"? (If Yes, please provide full details on Attachment to A51.)  
 Has applicant's license ever been suspended or revoked? (If Yes, please provide full details on Attachment to A51.)  
 Does applicant have any outstanding violations cited in an inspection that have not been corrected?  Yes  No  
 (If Yes, please provide full details on Attachment to A51.)

9. Provide the number of the following personnel. (Other and Explain)

_____ Partners, Owners, Officers	_____ Full Time Staff	_____	_____
_____ Independent Contractors	_____ Part Time Staff	_____	_____

10. During the past three (3) years, have any claims been presented to your current or prior insurance carrier?  Yes  No  
 (If Yes, please provide full details on Attachment to A51; Include description of claim, amounts paid and reserves.)

11. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim?  Yes  No  
 (If Yes, please provide full details on Attachment to A51.)

12. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in the past three (3) years?  Yes  No  
 (If Yes, please provide full details on Attachment to A51.)

13. Number of children facility is licensed for? \_\_\_\_\_ Average daily attendance? \_\_\_\_\_

14. Hours of operation? From: \_\_\_\_\_ To: \_\_\_\_\_

15. Annual gross sales? \_\_\_\_\_

16. This operation is located in one of the following: (Please check one.)  
 Private Home  Church  School  Location built specifically for a daycare center or nursery.  
 Other Give full explanation: \_\_\_\_\_

17. Please describe:
- (A) Construction of building: \_\_\_\_\_
- (B) Number of stories: \_\_\_\_\_
- (C) Type of fire protection system: \_\_\_\_\_
- (D) The emergency evacuation plan: \_\_\_\_\_
- (E) Total square footage of building: \_\_\_\_\_
- (F) Functioning and operational fire extinguishers on premises?  Yes  No
- (G) Functioning and operational smoke and/or heat detectors on premises?  Yes  No

18. Does applicant meet state staffing requirements?  Yes  No  
 Give number of children in each age group and teachers/attendants for each group.

Age Group	Number of Children			No. of Teachers	Ratio of teachers to children must meet state staffing requirements.
	Full Day	A.M.	P.M.		
1 Thru 12 Months	_____	_____	_____	_____	
1 Thru 3 Years	_____	_____	_____	_____	
4 Thru 5 Years	_____	_____	_____	_____	
6 Thru 10 Years	_____	_____	_____	_____	

19. Does applicant require a physical examination or medical certificate before a child is accepted?  Yes  No

20. Does applicant accept physically or mentally challenged children?  Yes  No

If Yes, state the number and degree of handicap: # \_\_\_\_\_ Degree \_\_\_\_\_

21. Play equipment on premises:

Swings  Jungle Gym  Slide  Sandbox  Trampoline  Inflatable bounce equipment

Other (List): \_\_\_\_\_

Is all play equipment securely anchored?  Yes  No

Is there impact absorbing material under and around play equipment?  Yes  No

22.  Pool  Wading  Above ground  In-ground Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Ft.

Depth From: \_\_\_\_\_ Ft. to \_\_\_\_\_ Ft.

Is pool fenced?  Yes  No Height of fence \_\_\_\_\_ Ft. Is pool locked when not in use?  Yes  No

Are daycare children allowed to use the pool?  Yes  No

If so, what is the ratio of adults to children when they are in the pool? \_\_\_\_\_

What is the age of the pool? \_\_\_\_\_ Number of pool drains per pool? \_\_\_\_\_

Do all pool drains and grates have covers that cannot be removed without the use of a tool?  Yes  No

Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No

(If No, please provide full details on Attachment to A51.)

Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate?  Yes  No

Pool has an automatic shut-off system, gravity drainage system, safety vacuum release system, suction limiting vent system or disabled drain?  Yes  No

Are dual or multiple drains at least three (3) feet apart?  Yes  No

# of diving boards \_\_\_\_\_ Height of boards \_\_\_\_\_ # of slides \_\_\_\_\_ Height of slides \_\_\_\_\_

23. Are there any animals on the premises?  Yes  No

(If Yes, please provide full details on Attachment to A51; If there are dogs, list breeds.)

24. Is yard fully fenced?  Yes  No

25. Are there any special classes taught? (Swimming, gymnastics, for example.)  Yes  No

(If Yes, please provide full details on Attachment to A51.)

26. Are there any overnight stays? (If Yes, please provide full details on Attachment to A51.)  Yes  No

27. Provide full details of field trips including amount of supervision: \_\_\_\_\_

Are consent forms obtained from all parents before a field trip?  Yes  No

28. Will applicant accept a child who is sick?  Yes  No  
*(If Yes, please provide full details on how the situation is handled on Attachment to A51.)*
29. Are any medications administered?  Yes  No  
 If Yes, does applicant require a signed consent form from parent or guardian?  Yes  No
30. Does applicant have a before/after school program?  Yes  No  
 If Yes, who is responsible for seeing the child gets to and from school? \_\_\_\_\_

31. Does applicant require written notification if someone other than the parent or guardian will be picking up the child?  Yes  No
32. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc. *(If additional space is needed, complete on attachment to A51.)*

*Attach a list of all employees along with their experience and qualifications.*

- Does applicant use any volunteers?  Yes  No  
*(If Yes, please provide full details on Attachment to A51.)*

33. **Limits of Insurance Requested:**
- |  |          |                      |
|--|----------|----------------------|
| General Aggregate Limit (Other Than Products – Completed Operations) | \$ _____ |                      |
| Products – Completed Operations Aggregate Limit                      | \$ _____ |                      |
| Personal and Advertising Injury Limit                                | \$ _____ |                      |
| Each Occurrence Limit  | \$ _____ |                      |
| Damage to Premises Rented by You (Up To \$100,000 Limit Available)   | \$ _____ | Any One (1) Premises |
| Medical Expense Limit (Up To \$5,000 Limit Available)                | \$ _____ | Any One (1) Person   |
| Each Professional Incident Limit (If Applicable)                     | \$ _____ |                      |

34. Has applicant or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime? *(If Yes, please provide full details on Attachment to A51.)*  Yes  No

**FOR SEXUAL MOLESTATION COVERAGE, PLEASE COMPLETE QUESTIONS 35. THROUGH 37.**

\$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here  Coverage is NOT requested.

35. Has applicant's facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? *(If Yes, please provide full details on Attachment to A51.)*  Yes  No
36. Has any facility that applicant has been associated with in the past ever had any incidents occur or claims brought against it while you were there? *(If Yes, please provide full details on Attachment to A51.)*  Yes  No
37. Does applicant's facility do background checks on all employees and volunteers?  Yes  No  
 Describe type of checks performed (prior employer, police, etc.) \_\_\_\_\_

38. Are there written guidelines in place regarding sexual misconduct?  Yes  No  
*(If No, please provide full details on Attachment to A51.)*

39. Please check the limits you are requesting:  \$25,000/50,000 – Included  
 \$50,000/100,000  \$100,000/300,000  300,000/600,000  \$500,000/1MM  \$\$1MM/2MM

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Producing Agent: \_\_\_\_\_

