

13. Do you have a swimming pool, either above or below ground? Yes No
14. Do you have a trampoline? Yes No
15. Is smoking permitted in areas with children? Yes No

Section III – Operations

16. For state licensing/registration requirements, please indicate who has had criminal background checks. Mark all that apply.
 Yourself Your assistants Your substitutes Anyone in your household over the age of 16

17. Do you obtain a physician's statement that qualifies you and all members of your household as medically acceptable to provide child care services? Yes No

18. Is the licensed child care provider under the age of 18? Yes No

19. Are assistants under the age of 18 supervised at all times? Yes No

If no, explain situations where they would watch children without supervision _____

20. Are infants under one year old allowed to sleep on their stomachs? Yes No

If yes, is a physician's written permission obtained for each infant? Yes No

21. Are fire drills conducted in accordance with state guidelines? Yes No

22. Is there a first aid kit in your home? Yes No

23. Do you keep emergency phone numbers for both parents and the children's physicians? Yes No

If no to either question, explain _____

Do you keep the numbers updated? Yes No

24. Do you have pets? Yes No

If yes, please describe the pets and breeds and how you keep them separated from the children. _____

25. Do you have someone you can use as a back-up care giver in the event of an emergency? Yes No

26. Is someone trained in CPR/First Aid on the premises at all times? Yes No

27. Do you and your staff know how to recognize the signs of abuse, both physical or sexual, and what to do if a child reports someone has abused or molested him or her? Yes No

28. How many field trips do you take monthly? _____ Describe types of trips: _____

For any "Yes" answer to the following questions, details must be fully explained in the Comments section.

29. Do you care for any mentally, emotionally or physically challenged children? Yes No

If yes, please provide details, including the types and extents of the conditions and any special arrangements you've made for their care.

30. Do you give medicine to children? Yes No

If yes, are they dispensed in accordance with state guidelines? Yes No

31. Do any children stay overnight? Yes No

If yes, provide details, including frequency and circumstances.

32. Is any week-end care provided? Yes No

If yes, provide details, including frequency and circumstances.

33. Has your license or registration ever been suspended or revoked? Yes No

If yes, provide details and circumstances.



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34. Have you ever had an incident which resulted in an allegation of sexual abuse? .. Yes .. No
 If yes: Was an insurance claim made? .. Yes .. No
 Was the case settled? .. Yes .. No
 Was the case taken to trial? .. Yes .. No
 What damage amounts were paid, either from settlement or trial? \$ _____

Please explain details and circumstances about the incident and/or claim.

35. Has there ever been a claim or suit brought against you or your insurance company for any reason?
 If yes, explain in detail, including amounts paid or reserved. .. Yes .. No
36. Are you aware of any fact, circumstance, situation or event which might lead to a claim or suit against you?
 If yes, explain in detail. .. Yes .. No
37. Has your insurance ever been cancelled or declined? If yes, explain in detail. .. Yes .. No

Section IV – Comments



PLEASE READ AND SIGN THE FOLLOWING SECTIONS:

IN ADDITION TO COMMON POLICY EXCLUSIONS, THERE ARE ADDITIONAL EXCLUSIONS THAT ATTACH TO THE POLICY. The CHILD, Inc. Liability policy underwritten by Markel Insurance Company does NOT provide any coverage for claims, damages and expenses arising out of the following: *Swimming Pools, Pets of any kind, Trampolines, Automobiles, Lead, Asbestos, Employment Related Practices, Mold, Terrorism, War, Pollution, Electronic Data Recognition Problems, Punitive Damages and any operations or businesses other than Child Care.*

YOU MAY OBTAIN A COMPLETE COPY OF THE MASTER POLICY UPON WRITTEN REQUEST.

I have read and understand the above paragraphs regarding the exclusions that apply to my Child Care business.

Applicant's Signature: _____ Date: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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 residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____



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