



## ATEGRITY SPECIALTY INSURANCE COMPANY

### CHILD DAY CARE AND PRESCHOOL GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Ategrity Specialty Insurance Company

Home/Administrative Office: 14000 N. Pima Road, Suite 200, Scottsdale, Arizona 85260

Telephone Number: 480.237.2417

Applicant's Name:	DBA Name(s):
Website:	Applicant's E-mail Address:
<b>Submission Requirements:</b> <ul style="list-style-type: none"><li>Completed ACORD Application</li><li>Currently valued loss runs from current/prior insurance carrier</li></ul>	

<b>1. CLASSIFICATION OF RISK: (check all that apply)</b>		
<input type="checkbox"/> After School Care or school age (ages 5 and up) <input type="checkbox"/> Day Care Center <input type="checkbox"/> Drop off center at mall or retail	<input type="checkbox"/> 4K <input type="checkbox"/> Headstart <input type="checkbox"/> In home care Family Care	<input type="checkbox"/> Preschool <input type="checkbox"/> Sick child day care
Applicant child care center is located in which type of facility?		
<input type="checkbox"/> commercial building <input type="checkbox"/> municipal building	<input type="checkbox"/> church <input type="checkbox"/> Private home	<input type="checkbox"/> manufactured classroom <input type="checkbox"/> School <input type="checkbox"/> mobile home <input type="checkbox"/> other
If private home, does applicant have homeowner's property and liability insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2. HOURS OF OPERATION</b>	
a. Open time: _____ Close time: _____ Number of days per week _____	
b. Any overnight or extended care after 8PM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If yes: Are at least two staff members on duty at such times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a staff member required to be awake at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the doors locked after normal business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are children ever left unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3. APPLICANT INFORMATION</b>	
a. How many years has the applicant been in business? Years at this location? _____ Years under current management? _____	
b. Does applicant ever provide transportation to children? If yes, does applicant have an auto policy which complies with state law requirement for all autos in which applicant transports children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is applicant licensed? License number: _____ Original date of issue: _____ Maximum number of clients permitted by license _____ Does applicant comply with its licensed child capacity and child to adult ratios? Does the applicant comply with all state or local licensing requirements for child care facilities? State or local agency that issued license: _____ If license in effect less than 3 years describe applicant child care experience to date including number of years in operation: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the Applicant or any individual owner, employee or volunteer, ever been the subject of any disciplinary or enforcement action, or any complaint or investigation, by any regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has the Applicant's license to operate as a childcare facility ever been denied, suspended or revoked, or is any action pending that could lead to suspension or revocation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. If yes to 3.c. and/or 3.d. please explain thoroughly in a separate attachment including corrective action taken.	
g. If NOT licensed, please indicate if the following applies to Applicant: <input type="checkbox"/> Certified By State or Local Authority <input type="checkbox"/> Registered With State or Local Authority <input type="checkbox"/> Unregulated	
h. Please list all applicable accreditations for Applicant and Applicant's owner or senior staff members:	

<b>4.</b>	<b>STAFF AND CHILDREN</b>	
a.	What is the Applicant's average daily attendance (number of children)?	
b.	Total number of employees Any leased employees? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does the applicant use volunteers, now or in the past? If Yes, Minimum Age of Volunteers Describe their roles and responsibilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does the Applicant conduct screening procedures, including comprehensive criminal background checks, on all: (a) Employees, prior to hire? (b) Volunteers, prior to volunteering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does the Applicant review the results of such checks and procedures, and consider any negative findings in its decision to hire an employee or accept a volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Any previous or pending allegations of sexual or physical abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Does applicant provide care givers for special events? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>5.</b>	<b>CORPORAL PUNISHMENT</b>	
a.	What is the Applicant's policy on corporal punishment? <input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited	
b.	Have there ever been any claims, lawsuits, investigations, incidents or complaints against Applicant or any past or present staff member involving corporal punishment? If yes, please provide details in a separate attachment, including any corrective actions taken	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6.</b>	<b>HEALTH AND SAFETY</b>	
a.	Does the Applicant provide drop in services? (Drop-in care is when children are accepted for care that are <u>not</u> currently enrolled or registered with your child care facility.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Does the applicant maintain a file for each child in its car which contains the following information (check all that apply) <input type="checkbox"/> Immunization records, which are updated annually? <input type="checkbox"/> Records indicating any unusual conditions a child has? <input type="checkbox"/> Signed releases (signed by parents or legal guardians) for emergency medical treatment and dispensing of medications? <input type="checkbox"/> Written instructions for dispensing of child's medication, from the child's physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does a licensed professional dispense the medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does Applicant require medication to be provided in original packaging, either pharmacy bottle with directions, or over-the-counter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does applicant have a medical accident insurance policy? If yes: Does coverage apply to all children enrolled in Applicant's center? Does coverage apply to all staff members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Are there any pets or animals kept on premises? If yes describe animals (breeds, size, etc. ) caging and interaction with children	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Does the Applicant allow firearms on premises? If yes, are firearms locked in a safe in a room not accessible to children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Does Applicant use bottle warmers, crockpots or similar devices to heat bottles? If yes, how are the devices and their power cords protected to prevent accidental spills and children from accessing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Does Applicant use stackable cribs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Are infants always placed in cribs for sleeping or rest-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Are "pack-n-plays" or similar portable cribs used by Applicant? If yes: a. Are all such units checked for replacement or recall at least once a year? b. Is firm, snug-fitting mattress and mattress covering used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Does facility have security camera's covering doors and outdoor play areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6.</b>	<b>PLAYGROUND/PLAY AREA</b>	
<b>a.</b>	Does Applicant have a playground or play area on premises? <b>If yes, please answer the following:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	Is the playground/play area supervised during all times in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	Play equipment on playground or in play area (check all that apply) <input type="checkbox"/> Bodies of water on premises (ponds, streams, lakes, rivers) If yes, describe: . <input type="checkbox"/> Play structure if yes height: <input type="checkbox"/> Slacklining <input type="checkbox"/> Slides if yes, height <input type="checkbox"/> Swings <input type="checkbox"/> Other equipment, please describe	
<b>d.</b>	Is the playground/play area fenced in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Is the surface under and around play equipment "kid friendly" (i.e. impact absorbing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b>	Is all equipment securely anchored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g.</b>	What is the maximum height of any of the playground/play area equipment?	
<b>h.</b>	Is the playground/play area equipment checked regularly for safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>i.</b>	Does Applicant have any trampolines or bounce houses on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>j.</b>	Does Applicant have any elevated indoor play structures? If yes: How far off the ground?          feet          inches Describe the floor covering below the structure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>k.</b>	Does the Applicant ever take children on any off-site field trips? If yes, provide description:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7.</b>	<b>SWIMMING FACILITIES / POOLS</b>	
<b>a.</b>	Does the Applicant currently allow its enrolled children to use, or in the future does Applicant plan to allow its enrolled children to use, any type of swimming facilities? If yes, which type (check all that apply) <input type="checkbox"/> Privately owned pool <input type="checkbox"/> Commercially owned pool <input type="checkbox"/> Public Beach <input type="checkbox"/> Indoor or Outdoor waterpark <input type="checkbox"/> Municipal pool <input type="checkbox"/> Other – describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	Where is the pool located? <input type="checkbox"/> On Applicant's business premises <input type="checkbox"/> Away from Applicant's business premises	
<b>c.</b>	Indicate the following for the pool used: <input type="checkbox"/> Swimming Section <input type="checkbox"/> Wading Section <input type="checkbox"/> In-Ground <input type="checkbox"/> Above-Ground Depth at deepest point:          Dimensions: Length -          Width -	
<b>d.</b>	Are all swimming pools which Applicant allows its children to use compliant with Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Are certified lifeguards on duty at all times when the pool is open?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b>	Is the pool completely fenced with a self-closing and self-locking gate? If yes, what height is the fence?          feet          inches Are all gates locked and secured when pool is not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g.</b>	Does the pool have a diving board or water slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>h.</b>	Is the walking surface around the pool non-skid and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>i.</b>	What is the ratio of staff to child at pool?          staff to          children	
<b>j.</b>	What is the minimum age of children in your care to be allowed in the water?          years	
<b>k.</b>	Are all pool chemicals locked in a secure area or building that is inaccessible to children?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>8.</b>	<b>ADDITIONAL INFORMATION</b>	
<b>a</b>	Are special classes taught? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	Are children released only to custodial parent or guardian? If no, describe authorization procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files application for insurance or statement of claim 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 such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.



**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating 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:** 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 RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE  _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE:  _____	DATE:

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.