

# In Home Day Care Quote Sheet

Name \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address/Location \_\_\_\_\_

Phone number \_\_\_\_\_ e-mail Address \_\_\_\_\_

Individual\_\_\_ Joint Venture\_\_\_ Partnership\_\_\_ Corp\_\_\_ LLC\_\_\_ Other\_\_\_\_\_

Currently licensed? # \_\_\_\_\_ Why not \_\_\_\_\_

Licensed capacity \_\_\_\_\_ Number cared for at one time \_\_\_\_\_

Has license ever been revoked or suspended? \_\_\_\_\_

How many Providers/Assistants (include self) \_\_\_\_\_

Does provider live in home where care provided? \_\_\_ If no, explain \_\_\_\_\_

Has child care insurance been non-renewed or canceled? \_\_\_\_\_

Any claims filed against provider or employee in past 5 years or do you know of any incident that could result in a claim? \_\_\_\_\_

Any swimming facility other than 18" depth plastic wading pool\*? \_\_\_\_\_

Does someone watch children in case of emergency that causes you to leave? \_\_\_\_\_

Do you accept boarders in home? \_\_\_\_\_

Additional Insured needed? Landlord \_\_\_\_\_ Resource/Referral Agency \_\_\_\_\_

Name and Address \_\_\_\_\_

## Limits

\_\_\_\$100/300    \_\_\_\$300/900    \_\_\_\$500/1,500,000    \_\_\_\$1,000,000/3,000,000

General & Professional Liability Per Occurrence & Aggregate

\*EXCLUSIONS Trampoline or any similar device, Animals owned by applicant or anyone living in or visiting the premises, Swimming Pool (other than 18" wading pool)

Please use separate sheet to explain any yes answers or for explanations.

THIS IS FOR A QUOTE ONLY.

NO COVERAGE CAN BE BOUND WITHOUT SIGNED APPLICATION, COPY OF LICENSE AND PAYMENT ACCEPTED BY THE COMPANY.