

In Home Day Care Quote Sheet

Name _____

DBA _____ Effective date _____

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Has license ever been revoked or suspended?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.

Insurance Marketplace, Inc. FAX – 402-483-7239

Submitting Agent _____

