

In Home Day Care Quote Sheet

Name _____ DBA _____

Mailing Address/Location _____

Phone number _____ e-mail Address _____

Requested Effective Date _____ Licensed? ____ Current License # _____

If not licensed, why not _____ License Expiration date _____

Individual ____ Joint Venture ____ Partnership ____ Corp ____ LLC ____ Other _____

License capacity _____ Maximum number cared for at any one time _____

Has license ever been revoked or suspended? _____ How many Providers/Assistants
(include self) _____ 24 Hour care or overnight care? _____

Does provider live in home where care provided? ____ If no, explain _____

Has child care insurance ever been non-renewed or cancelled? _____

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 Requested

___ \$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.

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

Insurance Marketplace FAX – 402-483-7239

Submitting Agency _____

Phone _____