



**Markel Insurance Company**  
 P.O. Box 440549, Kennesaw, GA 30160  
 Telephone: (678) 290-2100 Fax: (678) 290-2200  
 Email applications to: specialtysubmissions@markelcorp.com  
 Website: markelchildcare.com

**Child Care Application**

Markel Agent Number: \_\_\_\_\_ Agent Address: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Email: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Submission # \_\_\_\_\_

**BASIC INFORMATION**

Proposed Effective Date: \_\_\_\_\_  
 Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_  
**(If multiple named insureds, please complete the Additional Named Insured Schedule below)**  
 Mailing Address: \_\_\_\_\_  
 Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Loss Control Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Type of Entity:  Corporation  Individual  Partnership  Joint Venture  LLC  Other: \_\_\_\_\_

**BUSINESS INFORMATION**

Date business started under current ownership: \_\_\_\_\_  
**If you have been in business less than 3 years include a copy of your resume, financials or a bank letter of credit.**  
 Do you conduct criminal background investigations on all employees and volunteers?  Yes  No  
 If no, explain: \_\_\_\_\_  
 Do you have a formal, documented Abuse policy in place including regular staff training on reporting incidents, identifying symptoms or signs of abuse, and a minimum of two staff present at all times with children?  Yes  No  
 If no, explain: \_\_\_\_\_  
 If yes, does the abuse policy include regular staff training on reporting incidents?  Yes  No  
 If yes, does the abuse policy include training on identifying symptoms or signs of abuse?  Yes  No  
 Do you offer more than 12 field trips annually?  Yes  No  
 If yes, what is the average number of field trips each year for all locations? \_\_\_\_\_  
 Are any field trips overnight?  Yes  No

**ADDITIONAL NAMED INSURED SCHEDULE**

Name: \_\_\_\_\_  
 Form of Business: \_\_\_\_\_ More than 50% common ownership?  Yes  No  
 Name: \_\_\_\_\_  
 Form of Business: \_\_\_\_\_ More than 50% common ownership?  Yes  No  
 Name: \_\_\_\_\_  
 Form of Business: \_\_\_\_\_ More than 50% common ownership?  Yes  No

Submission #

**Child Care Complete Application  
Liability Information**

Location # \_\_\_\_\_

(A Copy of this Page is Required for Each Location)

Location Address: \_\_\_\_\_

**LIABILITY LIMITS & COVERAGE (per occurrence limit/ aggregate limit):**

**General Liability limits of \$1,000,000 / \$3,000,000 will be quoted.** Lower limits are available upon request.

**Abuse Liability Limit** (choose one):

- \$1,000,000 / \$1,000,000     \$500,000/ \$1,000,000     \$500,000 / \$500,000
- \$100,000 / \$300,000

**Employee Benefits Liability limits of \$1,000,000 / \$3,000,000 will be quoted if requested.** Lower limits are available upon request.

Retro Date: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

**Stop Gap Limit (Available in ND, OH, WA, WY only)** (choose one): Total Payroll: \_\_\_\_\_

- N/A     \$1,000,000 / \$1,000,000 / \$1,000,000     \$500,000 / \$500,000 / \$500,000
- \$100,000 / \$500,000 / \$100,000

**Is this location a For-Profit or Not-For-Profit Organization?**     For Profit     Not For Profit

**Describe the operations at this location:**

- Childcare Center     Before/After Childcare     Montessori     Headstart     PreK Nursery Childcare
- Drop In Childcare     Sick Childcare    Explain care provided: \_\_\_\_\_

**Which best describes the building you occupy?**

- Basement in residence     Multiple Occupancy Building     Church Building     Converted Dwelling
- Single Occupancy Building     School Building     Strip Mall     Other: \_\_\_\_\_

**Do any of the following apply to this location? Check all that apply:**

Building Leased to Others    Square Footage Leased: \_\_\_\_\_

Is this building maintained by the insured?  Yes  No

Office    Square Footage \_\_\_\_\_    Is this building maintained by the insured?  Yes  No

Vacant Land    Number of acres: \_\_\_\_\_

Warehouse (Separate from Childcare)    Square Footage \_\_\_\_\_

Type:  Private     Mini Warehouse

Other: \_\_\_\_\_

**Are all childcare operations at this location licensed?**     Yes     No

(If yes, complete the licensing supplemental and provide a copy of your license)

If no, explain: \_\_\_\_\_

Non-Licensed Childcare Average Daily Attendance: \_\_\_\_\_

**Are your hours of operation more than six hours a day?**     Yes     No

**Do you provide overnight care?**     Yes     No

(if yes, complete the Overnight Care section of the Miscellaneous Care Supplemental)

**What is your average daily number of infants (18 mths and younger)?** \_\_\_\_\_

**Are children with special needs cared for at this location?**     Yes     No

(if yes, complete the Special Needs section of the Miscellaneous Care Supplemental)

**Do you have a swimming pool on premise?**     Yes     No (if yes, complete the Water Activities Supplemental)

**Are any swim or water activities provided at any off-premises pools, oceans, lakes or water parks?**     Yes     No (if yes, complete the Water Activities Supplemental)

**Is there a playground at this location?**     Yes     No (if yes, complete the Playground Supplemental)

Submission #

**Child Care Complete Application  
Property Information**  
(A Copy of this Page is Required for Each Structure)

Location # \_\_\_\_\_ Building # \_\_\_\_\_

Location Address: \_\_\_\_\_

Deductible:  \$1,000  \$2,500  \$5,000  \$10,000

Coinsurance:  80%  90%  100%

Is the building you occupy built specifically for childcare operations?  Yes  No

Year Built: \_\_\_\_\_

If building is over 20 years old, has the building been updated (including roof and plumbing) within the past 20 years?  Yes  No

If no, please explain: \_\_\_\_\_

Do you own the building at this location?  Yes  No

Is the building Sprinklered?  Yes  No

Building Square Footage: \_\_\_\_\_

Is this structure a trailer, modular or prefabricated building?  Yes  No

Number of Stories: \_\_\_\_\_

Coverage	Limit	Valuation (RC or ACV)	Construction	Occupancy
Building				
Personal Property of the Insured				
Tenants Improvements & Betterments				
Business Income			N/A	
Fence				N/A
Sign				N/A
Playground Equipment				N/A
Awning or Canopy				N/A

Does a separate Business Income Coinsurance apply? Coin % \_\_\_\_\_

Business Income Monthly Limit of Indemnity:  None  1/3  1/4  1/6

Is this location adjacent to potentially hazardous exposures?  Yes  No

If yes, describe: \_\_\_\_\_

**Additional Interest Schedule**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Interest is (choose one):  Mortgagee  Lender's Loss Payee  
 Loss Payee  Building Owner  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Interest is (choose one):  Mortgagee  Lender's Loss Payee  
 Loss Payee  Building Owner  Other: \_\_\_\_\_

Submission #

**Child Care Complete Application  
Licensing Supplemental**  
(A Copy of this Page is Required for Each Location)

Location # \_\_\_\_\_

Location Address: \_\_\_\_\_

Expiration Date of License: \_\_\_\_\_

Is the license currently suspended or revoked?  Yes  No

Licensed Capacity: \_\_\_\_\_

Average Daily Attendance (based on twelve months): \_\_\_\_\_

Date of the most recent state inspection : \_\_\_\_\_

Are there any citations for any violations in the most recent state inspection?  Yes  No

If yes, Please indicate the type of State Inspections Violations that apply to the most recent inspection (check all that apply):

Background Checks:  Yes  No

Child to Staff Ratios:  Yes  No

Fire Drills:  Yes  No

Playground Cover:  Yes  No

Inappropriate Discipline of Children:  Yes  No

Transportation:  Yes  No

Any other violation which may result in the harm of a child:  Yes  No

If you answered yes to any of the above, explain each violation and provide corrective action taken:

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Submission #

**Child Care Complete Application**  
(A Copy of this Page is Required for Each Location)

Location # \_\_\_\_\_

Location Address: \_\_\_\_\_

**Playground Supplemental**

Does the facility have its own play area?  Yes  No

Is the play area fenced?  Yes  No

Please indicate the type of surface under the permanently installed play equipment over 18 inches high:

- Asphalt  Cement  Course Sand  Double Shredded Mulch  Engineered Wood Fibers  Fine Gravel
- Fine Sand  Medium Gravel  Shredded Tires  Wood Chips  Other: \_\_\_\_\_

Is the depth of the playground surface at least six-nine inches?  Yes  No

If no, please explain: \_\_\_\_\_

Was the equipment installed by, or has it been inspected by, someone certified in playground safety?  Yes  No

How often are regular maintenance and routine inspections performed on the equipment? At least:

- Daily  Weekly  Monthly  Every Other Month  Quarterly  Semi Annually  Annually

Does the center have playground equipment with a primary platform over 6 feet high and/or any apparatus over 8 feet high?  Yes  No

**Water Activities Supplemental**

- Off Premises  On Premises  N/A

**Please select any types of "off premises" water exposure that apply:**

- Public Pool  Private Pool  Wading Pool (defined as any pool with normal depth of 18 inches or less)
- Lake  Ocean  Waterpark - Number of trips to the water park per year: \_\_\_\_\_

Do you maintain the same Staff/Child ratio on trips as you do in the classroom?  Yes  No

Provide complete details including frequency and minimum age:

\_\_\_\_\_

**For "on premises" swimming pools:**

Number of pools at this location (do not include wading pools with a normal depth under 18 inches): \_\_\_\_\_

Use of Pool:  Operated year round  Operated less than 12 months

If operated less than 12 months, how many months is the pool used?  3 months or less  More than 3 months

If operated less than 12 months, what is the percentage of supervised activities?  More than 40%  40% or less

Are all swimming pools and in-ground wading pools completely fenced with at least a four foot fence with self-locking gates?  Yes  No

Do all pool drains and grates have covers in place and are they in compliance with Graeme Baker Act?  Yes  No

**For all water activities:**

Are all activities staffed with certified life guard(s)?  Yes  No

Is the Staff always present at the water activities and are they trained in water safety including CPR?  Yes  No

Are permission slips including waiver of subrogation obtained for all children participating in the water activities?  Yes  No

Are children allowed to use water slides and/or diving boards?  Yes  No

If yes, are the water slides and/or diving boards located in a water park?  Yes  No

Submission #

**Child Care Complete Application  
Miscellaneous Care Supplemental**  
(A Copy of this Page is Required for Each Location)

Location # \_\_\_\_\_

Location Address: \_\_\_\_\_

**Overnight Care Supplemental**

Explain the additional hours of operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the staff required to stay awake all night?  Yes  No

Is the facility kept locked and well lighted?  Yes  No

Are only authorized persons allowed to come inside the facility and pick up children?  Yes  No

Are children under 5 years old allowed to sleep in the same room with older children?  Yes  No

Are children over 5 years old allowed to sleep in the same room with children of the opposite gender?  Yes  No

Are staff to child ratios maintained during the overnight hours?  Yes  No

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**Special Needs Supplemental**

How many children are special needs? \_\_\_\_\_

Is someone on your staff trained to care for these children?  Yes  No

Is physical therapy provided?  Yes  No

Is an aide assigned to accompany the child?  Yes  No

Please describe the disabilities and special arrangements to care for these children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOSS INFORMATION**

Have you had any claims or losses in the past five years?  Yes  No

(This includes both claims that you have filed with an insurance company and losses that you did not file with an insurance company.)

Have you ever had any incidents or allegations of sexual or physical abuse?  Yes  No

**List all losses in the past 5 years whether or not insured(Attach additional sheet if necessary):**

Date of Claim	Type of Claim	Description of Claim	Open/Closed	Paid \$	Reserve \$

Is this a new venture?  Yes  No

If no, please provide information on your current insurance coverage for each line of business:

Expiring General Liability Insurance Company: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_  
 Expiring Property Insurance Company: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_  
 Expiring Auto Insurance Company: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Is your current coverage being non-renewed?  Yes  No

If yes, why?  Carrier no longer writing this coverage  Loss History  Other:

**Child Care Complete Application  
Business Auto Supplement**

**Auto Accord applications including all state specific UM/UIM and PIP forms are also required.**

**FEIN/Social Security Number:** \_\_\_\_\_

**Are your vehicles ever used to transport persons other than your center's children?**  Yes  No

If yes, explain: \_\_\_\_\_

**Do you provide transportation other than to/from school/field trips?**  Yes  No

If yes, explain: \_\_\_\_\_

**Are all the vehicles on the vehicle schedule titled to or leased to the named insured?**  Yes  No

If no, explain: \_\_\_\_\_

**What is the estimated average annual mileage per vehicle?**  Less than 5,000  5,001 to 7,000  over 7,000

**Do you allow drivers under the age of 21 to transport children?**  Yes  No

If yes, explain: \_\_\_\_\_

**Which of the following controls do you have in place to prevent a child from being left in your vehicle:**

Headcount at departure & return to center:  Yes  No

Headcount upon vehicle exit:  Yes  No

Headcount while at destination:  Yes  No

Written procedures:  Yes  No

Other:  Yes  No Describe: \_\_\_\_\_

**Does the estimated percentage of personal use for each vehicle exceed 25%?**  Yes  No

If over 25%, describe the personal use: \_\_\_\_\_

**Questions for Private Passenger Type Vehicles Only**

Is/are the Private Passenger vehicle/s used to transport children?  Yes  No

Does the primary driver of this/these vehicle/s have their own personal auto insurance?  Yes  No

Who is the primary driver of this vehicle? \_\_\_\_\_

Do any individuals under the age of 21 have access to this/these private passenger vehicle/s?  Yes  No



Submission #

**Child Care Complete Application**

**Special Events Supplemental**

Does your current license cover this event or do you have a special license specific to this event?  Yes  No

Type of Event: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

What is the location of the event? \_\_\_\_\_

Planned Activities:

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Expected Revenue: \_\_\_\_\_

Length of Time: \_\_\_\_\_

Will liquor be served at the event?  Yes  No

Do you obtain Certificates of insurance from all vendors?  Yes  No

Do you rent the facility to others?  Yes  No

## FRAUD WARNINGS

**GENERAL FRAUD STATEMENT** (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

**NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**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 HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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:** WARNING: A 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 OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Applicant's Signature: \_\_\_\_\_  
Producer's Signature: \_\_\_\_\_  
(Only applicable if using a producer)  
Producer's License Number: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Exp Date: \_\_\_\_\_

How did you hear about Markel: Magazine Ad Referral Convention/Conference Web Site Other  
Describe: \_\_\_\_\_

**Thank you for choosing Markel!**