

Liability Coverage for

# Daycare Centers & Nurseries

Daycare and Nursery facilities guard our children through their early years.

**DCI Insurance** offers peace-of-mind coverage to protect these guardians.



www.dci-insurance.com  
Bus: 888.457.4426 \* 213.261.7990  
Fax: 323.576.4552

**DCI Insurance** offers Commercial General Liability including \$5,000 in Med Pay, Professional Liability and optional Sexual Molestation coverage on an Occurrence basis for both In-home and Freestanding Daycare Centers & Nursery Schools.

Property coverage is also available for Buildings, BPP & Loss of Earnings.

For more information on our company, visit our web site at:  
[www.dci-insurance.com](http://www.dci-insurance.com)



## GL and Professional\* – Limits Available:

\$100,000/200,000  
\$300,000/600,000  
\$500,000/1,000,000  
\$1,000,000/2,000,000

## Sexual Molestation Option\* – Limits Available:

\$25,000/50,000  
\$50,000/100,000  
\$100,000/300,000  
\$300,000/300,000

*\*Defense is OUTSIDE the limit.*

## Property – Limits Available:

Up to \$500,000 Total Insurable Value per Location.

Policy Minimum Premium – \$600



# APPLICATION FOR DAY CARE CENTERS & NURSERIES

- 1) Name of applicant: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 2)  Individual  Corporation  Partnership  Other (Explain): \_\_\_\_\_
- 3) Date established: \_\_\_\_\_
- 4) Address of location to be insured (If same as above, write "same")  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 5) Has applicant had previous insurance for this enterprise?  Yes  No (If yes, provide the following information):

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

- 6) Is applicant engaged in, owned by, associated with or involved in any other enterprise?  Yes  No If yes, provide full details: \_\_\_\_\_
- 7) Provide details of licensing or certification needed for this operation: \_\_\_\_\_
- 8) Provide the number of the following personnel:  
 Partners, Owners, Officers: \_\_\_\_\_ Full Time Staff: \_\_\_\_\_ Part Time Staff: \_\_\_\_\_  
 Independent Contractors: \_\_\_\_\_ Other and Explain: \_\_\_\_\_
- 9) During the past 3 years, have any claims been presented to your current or prior insurance carrier?  Yes  No If yes, provide full details. Include description of claim, amounts paid and reserves: \_\_\_\_\_
- 10) Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim?  Yes  No If yes, provide full details: \_\_\_\_\_
- 11) Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past 3 years?  Yes  No If yes, provide full details below: \_\_\_\_\_
- 12) Number of children facility is licensed for? \_\_\_\_\_
- 13) Hours of operation? From: \_\_\_\_\_ To: \_\_\_\_\_
- 14) Annual gross receipts? \_\_\_\_\_
- 15) This operation is located in one of the following: (Please check one)  
 Private home  Church  School  
 Location built specifically for a day care center or nursery  
 Other Give full explanation: \_\_\_\_\_
- 16) Please describe:  
 (A) Construction of building: \_\_\_\_\_  
 (B) Number of stories: \_\_\_\_\_  
 (C) Type of fire protection system: \_\_\_\_\_  
 (D) The emergency evacuation plan: \_\_\_\_\_  
 (E) Total square footage of building: \_\_\_\_\_

17) Give number of children in each age group and teachers/attendants for each group.

Number of Children

Age Group	Full Day	A.M.	P.M.	Number of Teachers
1 Thru 12 Months				
1 Thru 3 Years				
4 Thru 5 Years				
6 Thru 10 Years				

Ratio of teachers to children must meet state requirements.

18) Do you require a physical examination or medical certificate before a child is accepted?  Yes  No

19) Do you accept handicapped children?  Yes  No

If yes, state the number and degree of handicap: Number: \_\_\_\_\_ Degree: \_\_\_\_\_

20) Play equipment on premises:

Pool Size: \_\_\_\_\_ x \_\_\_\_\_ FT. Depth: From \_\_\_\_\_ FT. to \_\_\_\_\_ FT.

Swings  Jungle Gym  Slide  Sandbox  Trampoline

Other (List): \_\_\_\_\_

Is all play equipment securely anchored?  Yes  No

21) Are there any animals on the premises?  Yes  No If yes, explain: \_\_\_\_\_

22) Is yard fully fenced?  Yes  No

23) Are there any special classes taught? (swimming, gymnastics, for example)  Yes  No

If yes, list: \_\_\_\_\_

24) Are there any overnight stays?  Yes  No If yes, give full details: \_\_\_\_\_

25) Provide full details of field trips including amount of supervision: \_\_\_\_\_

26) Will you accept a child who is sick?  Yes  No If yes, how is situation handled: \_\_\_\_\_

27) Are any medications administered?  Yes  No If yes, do you require a signed consent form from parent or guardian?  Yes  No

28) Do you have a before/after school program?  Yes  No If yes, who is responsible for seeing the child gets to and from school? \_\_\_\_\_

29) Do you require written notification if someone other than the parent or guardian will be picking up the child?  Yes  No

30) Describe hiring procedures for ALL employees, including aides, attendants, custodial, etc.: \_\_\_\_\_

Attach a list of all employees along with their experience and qualifications.

Do you use any volunteers?  Yes  No If yes, describe: \_\_\_\_\_

31)

Type of Coverage Desired	Limits of Liability Desired	Proposed Effective Date
Professional		
OLT		
Products (Food & drinks served)		
Other		

32) Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime?  Yes  No Please provide complete details: \_\_\_\_\_

IF SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE COMPLETE QUESTIONS 33 THROUGH 37. If not desired, please sign application at bottom of page.

33) Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?  Yes  No Please provide details: \_\_\_\_\_

34) Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there?  Yes  No Describe: \_\_\_\_\_

35) Does your facility do background checks on all employees and volunteers?  Yes  No Describe type of checks performed (prior employer, police, etc): \_\_\_\_\_

36) Please check the limits you are requesting:  
 \$25,000/50,000  \$50,000/100,000  \$100,000/300,000  \$300,000/300,000

Applicant's Signature \_\_\_\_\_

Title                      Date

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Ky05/05

**DCI Insurance & Risk Services**  
2079 S. Atlantic Blvd., Ste. I  
Monterey Park, CA 91754  
PO Box 227030, Los Angeles, CA 90022  
Bus: 888.457.4426 \* 213.261.7990  
Fax: 323.576.4552  
www.dci-insurance.com

# DCI INSURANCE AND RISK SERVICES

WWW.DCI-INSURANCE.COM

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AUTO • HOME • COMMERCIAL • HEALTH • LIFE • AVIATION



## STATEMENT OF NO KNOWN LOSSES OR CIRCUMSTANCES

\_\_\_\_\_  
NAME OF ENTITY OR INSURED

WE(I) WARRANT AND REPRESENT THAT WE(I) ARE NOT AWARE OF ANY REPORT(S) OF OR OCCURENCE(S) OF ANY LIABILITY LOSS(ES), CLAIM(S), OR CIRCUMSTANCE(S) THAT MAY RESULT IN A LIABILITY CLAIM(S) AGAINST YOU OR AGAINST ANY PERSON OR ORGANIZATION FOR WHOM COVERAGE IS SOUGHT BY VIRTUE OF THIS APPLICATION, WETHER SUCH LOSS(ES), CLAIM(S) OR CIRCUMSTANCE(S) WAS COVERED BY INSURANCE OR NOT.

THIS WARRANTY IS MADE AS A CONDITION OF PURCHASING AN INSURANCE POLICY. WE(I) UNDERSTAND THAT IF ANY REPRESENTATION PROVES FALSE AND ANY CLAIM(S) ARE MADE FROM ANY PRIOR PERIOD (PRIOR INSURANCE) THE CURRENT POLICY OFFERED SHALL NOT OFFER ANY COVERAGE OR LEGAL ASSISTANCE AND THE CLAIM SHALL BE DENIED.

SIGNED UNDER PENALTIES OF PERJURY THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
APPLICANT OR INSURED SIGNATURE

\_\_\_\_\_  
PRINT NAME OF APPLICANT OR INSURED