



Return applications by mail, fax, or email

Questions? Call us!

Slater & Associates Insurance, Inc. PO Box 1469, Tualatin, OR 97062 Phone (503)624-0466 Fax (503)624-0846 info@slaterinsurance.com

Child Care Center - Request for Insurance Quote

Name Today's Date dba Address Phone

employees FT PT Annual Payroll Any employees under 18 Y N Current Insurance Company. Effective date Liability Limits: Agg. Occ. Med Pay Any property, auto, or liability claims? Y / N If any list below.

Building: Value (replacement) Year Built Sq. Ft. Fire Burglar Leased Construction Type Sprinkler Alarm Y N Y N Y N Y N Computer Value Contents Value Shade Canopy Playground Equip. Exposures: Left Right Rear Updates: Roof AC Elect Plumb.

Vehicles: 1) VIN (17 figures) Year Limits: Cost New Make #passengers Owner 2) VIN (17 figures) Year Limits: Cost New Make #passengers Owner

Drivers: Name DOB Driver license # Name DOB Driver license #



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Photocopy and complete this page for other locations to be included in your quote. If you have one location only, this page does not apply to you.

Additional Location Information

Center _____

Building: Value (replacement) _____ Year Built _____ Sq. Ft. _____
Construction Type _____ Fire Sprinkler Y N Alarm Y N
Computer Value _____ Contents Value _____
(replacement) (replacement)

Child Care Plus Insurance Program Application

General Information - Applies to All Locations

1. Proposed effective date: _____ Liability occurrence limits: \$500,000 \$1,000,000
Sexual Abuse limits: \$50,000/\$100,000 \$100,000/\$200,000 \$100,000/\$300,000 \$250,000/\$500,000
 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 [If an umbrella is requested, sexual abuse limits must be \$1,000,000/\$2,000,000 – check here]
2. Named Insured (as to appear on policy): _____
3. Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email Address: _____ Website Address: _____
4. a. Business type: Individual Corporation Partnership LLC Other: _____
b. Profit Nonprofit
c. Commercial Child Care no camp Commercial Child Care with camp Montessori Nursery School
 Head Start Sick Child Facility (Percent of enrollment devoted to sick child care: _____ %) In-Home care
 Private school (Please complete a Private School application)
 Other: _____
d. Federal Employer ID No. _____
e. Are you a member of: NAEYC? NCCA? NACCP? Other: _____
5. Is the facility accredited by any of the following? NCCA NAFCC NACCP NAEYC
 Other _____ (Attach certificate)
6. Number of years applicant has been in this business: _____
7. Person to contact for loss control survey: _____ Phone #: (____) _____
8. Check all that apply and add any others. Attach all brochures and promotional materials. Note that coverage will only apply to disclosed premises and operations. Do you perform the following services: Drop-off care facility Overnight care (see supplement) Sick Child Care (see supplement) Special needs care (see question #35) After school care (Percent of enrollment devoted to after school care: _____ %) Temporary care at a shopping mall, convention hall, health club facility or other venue Special instruction (dance, gymnastics, music, etc.) – indicate type(s): _____
 Other operations: _____
9. Do you carry Accident-Medical coverage? Yes No If yes, who is the insurance carrier for Accident Medical coverage? _____

Hiring Practices and Abuse/Molestation Coverage Information - APPLIES TO ALL LOCATIONS

10. Are employees (paid & volunteer) required to complete an employment application? Yes No If no, explain: _____
11. a. Are criminal investigations conducted on all employees (paid & volunteer) before hiring? (This includes any parents who will be regular volunteers in the facility) Yes No
b. Which of the following do you use to do background checks on your employees & volunteers? County criminal record search
 State criminal record search National criminal index search State prison search Federal prison search
 Sex offender search Criminal index search Nationwide U.S. Wants & Warrants search
 Teacher license Education verification FBI
12. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses? Yes No
13. At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her? Yes No
Do you require mandatory training for all employees each year about these subjects? Yes No

- 14. Do you verify employment references? Yes No Do you conduct a personal interview? Yes No
- 15. Have you had an incident which resulted in an allegation of sexual abuse? Yes No If yes, please describe details in Remarks Section including any resulting claims, the outcome and damages paid.
- 16. Do you have a written policy addressing abuse and individual contact that may occur between children and volunteers or staff?
 Yes No
- 17. Do you have guidelines that prohibit the use of corporal punishment? Yes No
- 18. Do your rules and guidelines include listing all staff responsibilities for all activities including on and off-premises activities?
 Yes No

Facility - LOCATION 1 (Complete an additional location supplement for each other location)

- 19. Do you operate more than one location? Yes No If yes, explain if it's not submitted to us to insure: _____
- 20. How long has applicant operated at this location? _____
- 21. Location address, if different than mailing address: _____
- 22. Is the facility licensed by the State? Yes (attach copy) No If no, explain in Remarks Section.
- 23. Has the license ever been revoked? Yes No If yes, explain: _____
- 24. Hours of operation: From _____ to _____ Number of days per week: _____ Number of months per year _____
- 25. Child care facility located at: Private home Church Apartment YMCA Commercial Bldg.
 Other: _____
- 26. List other occupancies in the same building: _____
- 27. List adjacent businesses: _____
- 28. Additional Insured required? Yes No
Name _____
Address _____ Relationship: _____

Personnel - LOCATION 1 (Complete an additional location supplement for each other location)

- 29. Name of Executive Director/Manager: _____
Number of years in child care: _____ Specialized training or education: _____
- 30. Number of teachers with degrees: _____ Number of teachers without degrees: _____
- 31. Number of Aides: _____ Number of Volunteers: _____ Number of Nurses: _____ Number of EMTs: _____
- 32. Number of Kitchen Staff: _____ Number of Janitorial Staff: _____ Other (describe position and number of employees): _____
- 33. Total number of employees: _____ Any employees under 18 years of age? Yes No If yes, how many? _____
List position and how they are supervised: _____
- 34. Is there always someone trained in CPR and first aid on the premises? Yes No

Enrollment - LOCATION 1 (Complete an additional location supplement for each other location)

- 35. Licensed Capacity: _____ Current Enrollment: _____ Average Number of Children per day: _____
- 36. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?

Infants, ages 0-1	_____ # Staff	_____ # Children
Toddlers, ages 1-2	_____ # Staff	_____ # Children
Toddlers, ages 2-3	_____ # Staff	_____ # Children
Preschoolers, ages 3-5	_____ # Staff	_____ # Children
School age children	_____ # Staff	_____ # Children
	_____ Total	_____ Total

37. Are "special needs" children cared for? Yes No
- a. If yes, how many? _____
- b. Is someone on your staff trained to care for these children? Yes No
- c. Is physical therapy provided? Yes No If yes, is it provided by a contracted professional who provides you with a certificate of insurance? Yes No
- d. Is an aide assigned to accompany the child? Yes No
- e. Describe the disabilities and special arrangements made to care for these children: _____

Play Facilities - LOCATION 1 (Complete an additional location supplement for each other location)

38. Does the facility have its own play area? Yes No If no, give name of play facility used: _____
- Does the playground you use meet all safety requirements of the CPSC (Consumer Products Safety Commission)? Yes No
39. Is play area fenced? Yes No List all playground equipment: _____
40. Please indicate type of surface under play equipment and depth in inches: Coarse Sand: _____" Double Shredded Mulch: _____" Engineered Wood Fibers: _____" Fine Gravel: _____" Fine Sand: _____" Medium Gravel: _____" Shredded Tires: _____" Wood Chips: _____" Other (type & depth): _____
41. Was 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: Weekly Monthly Only as needed Other (Specify): _____
42. Does the center have playground equipment with a primary platform higher than 6 feet? Yes No Is there any play apparatus higher than 8 feet? Yes No If yes, describe: _____
43. Do you utilize swimming facilities? Yes No If yes, complete the Swimming Pool Supplement.

Operations- LOCATION 1 (Complete an additional location supplement for each other location)

44. To prevent children from accessing cooking areas, stoves, microwave ovens, etc., please indicate which of the following precautions are taken: Separate kitchen with closed door Gate covering entrance to kitchen area Other _____
45. To prevent children from being released to unauthorized persons, please indicate which of the following precautions are taken: Sign-out sheet Staff member must see the person before child is released Staff member calls parent when unfamiliar person comes to pick up child Staff member checks ID against child's "approved" pickup list before releasing child Other: _____
46. Please indicate which of the following procedures are used when dispensing medications to children: Written parental permission is required Written instructions for use is provided by the parent Medication is kept in its original container/package Written records are kept of all medications dispensed Other: _____
47. Are there any pets at this location? Yes No If yes, describe the pet, including size: _____
48. Are special classes provided (like music, dance, gymnastics, etc.)? Yes No If yes, explain in remarks section. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage? Yes No
49. Do you warm baby bottles in an area not accessible to children? Yes No
50. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media in the event of an abuse allegation or incident or other type of crisis? Yes No
51. Does the facility have an emergency evacuation plan posted and is it practiced? Yes No
52. Does the facility have video cameras installed to monitor all daily activities? Yes No

Field Trips and Special Events - LOCATION 1 (Complete an additional location supplement for each other location)

53. Number of field trips conducted each year: _____
- a. Is an attempt made to obtain release forms from both parents/guardians for each trip whenever possible? Yes No
 - b. Are any trips overnight? Yes No
 - c. Are staff to child ratios maintained or increased for trips? Yes No
 - d. Are all children required to wear an identification badge? Yes No
 - e. Describe types of field trips: _____
54. Do you sponsor any special events or fund-raising activities? Yes No If yes:
- a. For each event, list the following in the Remarks section: Type of event, number of participants, planned activities, expected revenue, length of time, whether or not liquor is served and if you obtain Certificates of Insurance from all vendors.
 - b. Do you rent facility to others? Yes No If so, to whom and for what purpose? _____
 - c. Do you obtain Certificates of Insurance from them? Yes No

Transportation - LOCATION 1 (Complete an additional location supplement for each other location)

55. Does the facility provide transportation to and from the center? Yes No
56. Does the facility provide transportation for field trips? Yes No If yes, on average, how far from the facility are the field trips? _____
- If no, indicate how transportation is provided: Vans are rented with drivers Vans are rented without drivers
 Buses are rented with drivers Buses are rented without drivers Parents, staff and volunteers drive their own cars
 Other: _____
57. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside? Yes No
58. Are all drivers at least 21 years of age? Yes No Do you obtain MVRs on all drivers? Yes No
59. Do all drivers of applicable vehicles have a CDL license in accordance with state regulations? Yes No
60. Do employees/volunteers transport children in their own vehicles? Yes No If yes, how often: _____
61. Total number of owned vehicles: _____ Total number of hired vehicles: _____ Annual cost of hire: \$ _____
62. Are Certificates of Insurance required:
- a. From drivers of personal vehicles showing auto liability limits of at least \$300,000? Yes No
 - b. From drivers of hired vehicles showing liability limits equal to or greater than the insured's limits? Yes No

Accident Medical Coverage (Complete if requested) – APPLIES TO ALL LOCATIONS

63. Numbers of students by age: Under 7 years old _____ Over 7 years old _____
64. Plan Desired:
- Plan A \$12,500 Accident Medical Expense, \$10,000 Accidental Death & Dismemberment, \$0 Deductible
 - Plan B \$20,000 Accident Medical Expense, \$10,000 Accidental Death & Dismemberment, \$0 Deductible

Prior Coverage – APPLIES TO ALL LOCATIONS

65. Has any prior coverage been cancelled or non-renewed? Yes No If yes, explain: _____

66. Prior Policy Information

<u>Policy Type</u>	<u>Company</u>	<u>Effective Date</u>	<u>Limit</u>	<u>Total Premium</u>
Accident Medical	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Property	_____	_____	_____	_____
Auto	_____	_____	_____	_____
Other	_____	_____	_____	_____

Loss History – APPLIES TO ALL LOCATIONS

Enter all claims or occurrences that may give rise to claims for the prior 5 years; or check here if None; or See attached Loss Summary

Date of Occurrence	Line of Insurance	Type/Description of occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						O C
						O C
						O C

Circle for Claim Status: O = Open, C = Closed

Additional Coverages

Please indicate which of the following important additional coverage enhancements we may quote for you:

- Umbrella Liability
- Food Contamination & Communicable Disease Coverage
- Directors' & Officers' Liability (Non-profit entities only)
- Key Employee Replacement Coverage
- Child Abduction Coverage

Remarks (IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER)

FAIR CREDIT REPORT ACT NOTICE: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics, and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance which this application is made. The applicant will be informed of the name and address of the consumer reporting agency that furnished the report.

Any person who knowingly and with intent to defraud any insurance company or other person files a 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature _____

Date _____

Insurance Agent's Information:

Producer's Name: _____

Agency Name: _____ License# _____

Email Address: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Child Care Plus Insurance Program Additional Location Supplement

General Information

Date: _____ / _____ / _____

Named Insured: _____

Location # _____ Location Address _____

1. How long has applicant operated at this location? _____
2. Is the facility licensed by the State? Yes (attach copy) No If no, explain in Remarks Section.
3. Has the license ever been revoked? Yes No If yes, explain: _____
4. Hours of operation: From _____ to _____ Number of days per week: _____
Number of months per year _____
5. Child care facility located at: Private home Church Apartment YMCA Commercial Bldg.
 Other: _____
6. List other occupancies in the same building: _____
7. List adjacent businesses: _____
8. Additional Insured required? Yes No
Name _____
Address _____
Relationship: _____

Personnel – LOCATION # _____

9. Name of Executive Director/Manager: _____
Number of years in child care: _____ Specialized training or education: _____
10. Number of teachers with degrees: _____ Number of teachers without degrees: _____
11. Number of Aides: _____ Number of Volunteers: _____ Number of Nurses: _____
Number of EMTs: _____
12. Number of Kitchen Staff: _____ Number of Janitorial Staff: _____
Other (describe position and number of employees): _____
13. Total number of employees: _____ Any employees under 18 years of age? Yes No
If yes, how many? _____
List position and how they are supervised: _____
14. Is there always someone trained in CPR and first aid on the premises? Yes No

Enrollment - LOCATION # _____

15. Licensed Capacity: _____ Current Enrollment: _____ Average Number of Children per day: _____
16. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?

Infants, ages 0-1	_____ # Staff	_____ # Children
Toddlers, ages 1-2	_____ # Staff	_____ # Children
Toddlers, ages 2-3	_____ # Staff	_____ # Children
Preschoolers, ages 3-5	_____ # Staff	_____ # Children
School age children	_____ # Staff	_____ # Children
	_____ Total	_____ Total

17. Are "special needs" children cared for? Yes No
- a. If yes, how many? _____
- b. Is someone on your staff trained to care for these children? Yes No
- c. Is physical therapy provided? Yes No If yes, is it provided by a contracted professional who provides you with a certificate of insurance? Yes No
- d. Is an aide assigned to accompany the child? Yes No
- e. Describe the disabilities and special arrangements made to care for these children: _____

Play Facilities - LOCATION # _____

18. Does the facility have its own play area? Yes No
 If no, give name of play facility used: _____
 Does the playground you use meet all safety requirements of the CPSC (Consumer Products Safety Commission)?
 Yes No
19. Is play area fenced? Yes No List all playground equipment: _____

20. Please indicate type of surface under play equipment and depth in inches: Coarse Sand: _____" Double Shredded Mulch: _____" Engineered Wood Fibers: _____" Fine Gravel: _____" Fine Sand: _____" Medium Gravel: _____" Shredded Tires: _____" Wood Chips: _____" Other (type & depth): _____
21. Was 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: Weekly Monthly
 Only as needed Other (Specify): _____
22. Does the center have playground equipment with a primary platform higher than 6 feet? Yes No
 Is there any play apparatus higher than 8 feet? Yes No If yes, describe: _____
23. Do you utilize swimming facilities? Yes No If yes, complete the Swimming Pool Supplement.

Operations- LOCATION # _____

24. To prevent children from accessing cooking areas, stoves, microwave ovens, etc., please indicate which of the following precautions are taken: Separate kitchen with closed door Gate covering entrance to kitchen area
 Other: _____
25. To prevent children from being released to unauthorized persons, please indicate which of the following precautions are taken:
 Sign-out sheet Staff member must see the person before child is released Staff member calls parent when unfamiliar person comes to pick up child Staff member checks ID against child's "approved" pickup list before releasing child Other: _____
26. Please indicate which of the following procedures are used when dispensing medications to children: Written parental permission is required Written instructions for use is provided by the parent Medication is kept in its original container/package Written records are kept of all medications dispensed
 Other: _____
27. Are there any pets at this location? Yes No If yes, describe the pet, including size: _____
28. Are special classes provided (like music, dance, gymnastics, etc.)? Yes No If yes, explain in remarks section. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage? Yes No
29. Do you warm baby bottles in an area not accessible to children? Yes No
30. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media in the event of an abuse allegation or incident or other type of crisis? Yes No
31. Does the facility have an emergency evacuation plan posted and is it practiced? Yes No
32. Does the facility have video cameras installed to monitor all daily activities? Yes No

Care Plus Insurance Program Additional Operations Supplement

Date: _____ / _____ / _____

Named Insured _____

Overnight Care

If children stay overnight at your facility:

1. Is the staff required to stay awake all night? Yes No
2. Is the facility kept locked and well lighted? Yes No
3. Are only authorized persons allowed to come inside the facility and pick up children? Yes No
4. Are children under 5 years old allowed to sleep in the same room with older children? Yes No
5. Are children over 5 years old allowed to sleep in the same room with children of the opposite gender? Yes No
6. Are staff to child ratios maintained during the overnight hours? Yes No

Sick Child Care

If sick children are kept at the facility, please answer the following:

1. Are sick children kept in a completely separate room with separate ventilation for all activities, including meals? Yes No
2. Do staff members use universal precautions like latex gloves when having contact with sick children? Yes No
3. Are the gloves changed after each contact with a sick child? Yes No
4. Do staff members wash their hands after every contact with sick children, after preparing food, using the bathroom, diapering or assisting children with using the bathroom? Yes No
5. Do diaper-changing tables have disposable covers that are changed after each use? Yes No
6. Are all items sick children come in contact with (toys, toilets, drinking fountains, sinks, play equipment, etc.) washed & disinfected at least daily? Yes No
7. Are eating tables washed & disinfected after each use? Yes No
8. Are toys that have been put in a child's mouth washed after each use? Yes No
9. Is all other equipment, like cribs, cots, mats, playpens, etc., washed at least weekly? Yes No
10. Do all children wash their hands before eating, after using the bathroom and after contact with animals? Yes No
11. Which of the following do you have on staff to care for sick children: R.N. L.P.N. C.N.A. E.M.T.
 Other (describe): _____

****PLEASE ATTACH A COPY OF YOUR RULES & PROCEDURES FOR CARING FOR SICK CHILDREN.**

Remarks: _____

Insured Signature: _____ Date: _____

Child Care Plus Insurance Program Swimming Pool Supplement

Date: ____ / ____ / ____

Named Insured: _____

Address: _____

1. Is Swimming Facility: Private Pool Public Pool Water Park Lake Ocean Other _____

2. Is it: On Premise Off Premises Above Ground Below Ground Indoor Outdoor

3. Does the staff to child ratio meet the minimum listed here? Yes No

Age	Staff	Children
Infant ages 0-1	1	1
Toddler ages 1-3	1	3
Preschool ages 3-5	1	4
Ages 5 and up	1	6

4. Are all children required to use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 while at the pool? Yes No

a. Is sunscreen reapplied every 2 hours or after profuse sweating? Yes No

5. Is the pool staffed with certified lifeguards in addition to the ratio listed above? Yes No

6. Number of certified lifeguards _____

7. Who supplies the lifeguards? _____

8. Are pools monitored by staff members in addition to lifeguards? Yes No

a. Are all staff members watching the pool situated in positions where they can see all areas of the pool, including the bottom? Yes No

9. Are there staff assigned to supervise locker/changing rooms, sunbathing areas, etc.? Yes No

10. Are rules for use posted at the pool or waterfront? Yes No

11. Do posted rules at pool/ waterfront meet state and local regulations? Yes No

12. Is a swim test conducted for all children? Yes No

13. Are pool depths marked?
Max. Depth of water (in feet) _____ Yes No

14. Are there diving boards or diving platforms? Yes No

If yes, please complete the following:

How many: _____ Height: _____

15. Is the depth **uniform*** throughout the diving area and clearly marked on the deck as well as the sides?
(*Uniform means a minimum 9 feet to 16 feet out from end of diving board) Yes No

16. Are there water slides? Yes No

If yes, please complete the following:

a) How many: _____ Type: _____ Height: _____ Length: _____

b) Depth of water where slide exits into water: _____

c) Do swimmers enter the water at an angle or horizontally when launching off slide? Yes No

17. Is there a water trampoline? Yes No

18. Is there an inflatable swimming platform? Yes No

19. Can lifeguards see 360 ° around inflatables/ trampolines? Yes No

20. Is the pool completely fenced with at least a 4-foot fence? Yes No

21. Are gates locked when not in use? Yes No

22. Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No

23. Does the swimming pool meet the Department of Environmental Resources standards for water quality or the equivalent? Yes No

24. Are all pools tested daily? Yes No

25. Are all pool chemicals kept in dry and vented locked storage area? Yes No

26. If pool is off premises, are you required to sign a contract?
If yes: Do you hold the pool owners harmless? Yes No Yes No

Who provides the lifeguards? _____

27. If pool is on premises only, is pool used exclusively for the center's children? Yes No

If no, please explain: _____

28. If you use an off-site pool, is there a land playground there?
(If yes, please complete questions 29, 30, 31, 32) Yes No

29. Is play area fenced? Yes No

30. Has someone certified in playground inspection inspected the playground?
If yes, is it a CPSI certification? Yes No Yes No

If no, describe certification: _____

31. Does the playground have equipment with a primary platform higher than 6 feet?
Is there any play apparatus higher than 8 feet? Yes No Yes No

If yes, describe: _____

32. Please indicate type of surface under play equipment and depth in inches: Coarse Sand: _____"
 Double Shredded Mulch: _____" Engineered Wood Fibers: _____" Fine Gravel: _____" Fine Sand: _____"
 Medium Gravel: _____" Shredded Tires: _____" Wood Chips: _____" Other (type depth): _____

33. Please use the following space for additional comments, descriptions or information: _____

Insured Signature: _____

Date: _____