



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. _____
Leased _____ Fire _____ Burglar _____
Y N Construction Type _____ Sprinkler Y N Alarm Y N
monitored Y N monitored Y N
Owner/ _____ Computer Value _____ Contents Value _____
Landlord (replacement) (replacement)
_____ 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 _____
CSL _____
2) VIN (17 figures) _____ Year _____
UM/UIM Cost New _____ Make _____ #passengers _____
Med Pay 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)

Agent Number: Agent _____ Agent Address: _____
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 ☒ \$1,000,000 / \$3,000,000

☐ **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
(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
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:

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

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:

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

Submission: _____

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN COLORADO

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.

APPLICABLE IN FLORIDA and OKLAHOMA

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 (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicant's Signature: _____
Title: _____

Date: _____

Producer's Signature: _____

Date: _____