

## Kollhoff Insurance Agency Childcare Questionnaire

### Applicant Information

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Website: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Applicant is a: Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_ Non-Profit Org \_\_\_  
 Other (specify) \_\_\_\_\_

### Premises Information

Location #	Building #	Street, City, County, State, ZIP	Own/Lease

### General Information – Explain all “Yes” responses below.

1. Has any policy or coverage been declined, cancelled or non-renewed in the past 3 years? \_\_\_\_\_
2. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring?  
\_\_\_\_\_
3. Has there ever been an allegation of sexual abuse made against the applicant? \_\_\_\_\_
4. Does the operation have liability insurance? \_\_\_\_\_
5. Does the applicant perform any non-childcare operations? \_\_\_\_\_
6. Any Commercial Automobile coverage being quoted? \_\_\_\_\_

Explain all “Yes” responses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Prior Insurance Information

Prior Carrier	Effective/Expiration Date	Policy #	Policy Premium

### Loss History

Check here if there are no prior claims. \_\_\_\_\_

Date of Occurrence	Description of Claim	Amount Paid	Claim Status (Open or Closed)

**Liability Section**

**1. Answer the Following Questions**

**A. General Questions**

1. Is the center: Licensed \_\_\_\_\_ Certified \_\_\_\_\_ Registered \_\_\_\_\_ None \_\_\_\_\_
2. How many years in business? \_\_\_\_\_
3. Yes \_\_\_No\_\_\_ In the past 12 months, have any complaints been filed with the Licensing Board against applicant's facility?  
If yes, explain and provide documentation: \_\_\_\_\_
4. Yes \_\_\_No\_\_\_ In the past three years, has any of the applicant's licenses been revoked, suspended, or placed under probation?  
If yes, explain and provide documentation: \_\_\_\_\_
5. How many children is the applicant licensed to care for? Loc #1 \_\_\_ Loc #2 \_\_\_\_\_ Loc #3 \_\_\_\_\_
6. What is the average daily attendance? Loc #1 \_\_\_ Loc #2 \_\_\_\_\_ Loc #3 \_\_\_\_\_
7. Is the applicant licensed/certified for:  
Infant Care \_\_\_ 24 hour care \_\_\_ Sick child care \_\_\_ Before/After school care \_\_\_ K4/K5 \_\_\_  
Other (explain) \_\_\_\_\_
8. What are the center's hours of operation? \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
9. Yes \_\_\_No\_\_\_ Is the center accredited? If yes, by whom? \_\_\_\_\_
10. What is the center's annual receipts/tuition? \$ \_\_\_\_\_
11. Yes \_\_\_No\_\_\_ Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees? (If no, Abuse and Molestation Coverage is not available)
12. Yes \_\_\_No\_\_\_ Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective volunteers? (If no, Abuse and Molestation Coverage is not available)
13. Enter the maximum number of children on the premises, in each age group on the highest attendance date within the past 12 months:

Age Group	Number of Staff	Number of Children
0-24 months		
25-35 months		
3 years old		
4-5 years old		
6-8 years old		
9-13 years old		
greater than 13 years old		
	<b>Total:</b>	<b>Total:</b>

14. Yes \_\_\_No\_\_\_ Does the applicant have a Student Accident Insurance Policy in effect?

**B. Employee Operations**

1. Indicate the number of employees: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
2. Indicate the number of volunteers: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
3. Yes \_\_\_No\_\_\_ Has there ever been an allegation of sexual abuse made against the employee or volunteer?  
If yes, please explain: \_\_\_\_\_

### C. Other Occupancies

1. Is the center located in a: \_\_\_\_\_ private home \_\_\_\_ commercial building \_\_\_\_ school \_\_\_\_ church  
\_\_\_\_\_ Other (describe) \_\_\_\_\_
  - a. If located in a private home, provide the name of the homeowner's insurance company: \_\_\_\_\_
  - b. If located in a commercial building, please answer all of the following:  
Yes \_\_\_ No \_\_\_ Are there any other occupants in this building?  
If yes, please list all other applicants: \_\_\_\_\_
2. Yes \_\_\_ No \_\_\_ Does the applicant own the building?
  - a. Yes \_\_\_ No \_\_\_ Does the insured lease any space to other tenants?  
If yes, what is the square footage of the area leased out? \_\_\_\_\_
  - b. Yes \_\_\_ No \_\_\_ Are any residential apartments located within this building?  
If yes, how many apartments? \_\_\_\_\_

### D. Transportation

- Yes \_\_\_ No \_\_\_ Do the applicants provide any transportation of registrants?  
If yes, please answer the following:
- a. Do you transport children in: \_\_\_ private vehicles \_\_\_ hired vehicles \_\_\_\_\_ public transportation  
\_\_\_\_\_ Other (describe) \_\_\_\_\_
  - b. What is the youngest age of any driver? \_\_\_\_\_
  - c. Yes \_\_\_ No \_\_\_ Do you have a Commercial Auto policy?  
If yes, provide the name of the insurance company: \_\_\_\_\_

### E. Water Activities

- Yes \_\_\_ No \_\_\_ Do the applicants provide any on or off premises water activities?  
If yes, please answer the following:
- a. Describe any water activities on the premises: \_\_\_ pool \_\_\_ wading pool (2 feet deep or less)  
\_\_\_\_\_ Other (explain) \_\_\_\_\_
  - b. Yes \_\_\_ No \_\_\_ If there is a pool or wading pool, is it fenced?
  - c. Yes \_\_\_ No \_\_\_ Is there a diving board?
  - d. Yes \_\_\_ No \_\_\_ Is there a slide?
  - e. Yes \_\_\_ No \_\_\_ Is there a certified life-guard on staff at the premise where the water activities are held?
  - f. Yes \_\_\_ No \_\_\_ Are children allowed to participate in off-premises water activities?  
If yes, please describe: \_\_\_\_\_
  - g. Yes \_\_\_ No \_\_\_ Is written permission obtained from parents for any water activities?

### F. Other Activities

1. Yes \_\_\_ No \_\_\_ Is there a trampoline on the premises?
2. Yes \_\_\_ No \_\_\_ Is there any gymnastic equipment on the premises?  
If yes, please describe: \_\_\_\_\_
3. Yes \_\_\_ No \_\_\_ Are there any dogs on the premises?  
If yes, please list the breed and any previous bite history: \_\_\_\_\_
4. Yes \_\_\_ No \_\_\_ Are there any other pets or animals on the premises?  
If yes, please describe: \_\_\_\_\_
5. Yes \_\_\_ No \_\_\_ Are the children allowed contact with any animals?  
If yes, please describe: \_\_\_\_\_

**2. Per Occurrence/Aggregate Limits**

\_\_\_\_\_ \$300,000/\$600,000 \_\_\_\_\_ \$500,000/\$1,000,000 \_\_\_\_\_ \$1,000,000/\$2,000,000 \_\_\_\_\_ \$1,000,000/\$3,000,000  
\_\_\_\_\_ \$5,000 Medical Payments \_\_\_\_\_ \$10,000 Medical Payments  
\_\_\_\_\_ \$100,000 Fire Legal \_\_\_\_\_ \$200,000 Fire Legal

**3. Optional Liability Coverages**

- A. Abuse & Molestation Coverage (Choose One)
  - \_\_\_\_\_ Full Policy Limit
  - \_\_\_\_\_ \$1,000,000/\$1,000,000
  - \_\_\_\_\_ \$500,000/\$1,000,000
  - \_\_\_\_\_ \$300,000/\$600,000
  - \_\_\_\_\_ \$100,000/\$300,000
  - \_\_\_\_\_ \$25,000/\$50,000
  - \_\_\_\_\_ No Coverage
- B. Yes \_\_\_\_\_ No \_\_\_\_\_Hired & Non-Owned Auto Liability
- C. Yes \_\_\_\_\_ No \_\_\_\_\_Dog & Cat Liability Coverage – available only for in-home centers (\$50,000 limit)
- D. Water Activities (Choose One)
  - \_\_\_\_\_ Full Policy Limit
  - \_\_\_\_\_ \$150,000/\$150,000
  - \_\_\_\_\_ No Coverage
- E. Roll-on Employment Practices Liability Insurance (Choose One)
  - \_\_\_\_\_ \$100,000 Limit
  - \_\_\_\_\_ \$250,000 Limit
  - \_\_\_\_\_ None
- E. Yes \_\_\_\_\_ No \_\_\_\_\_Employee Benefit Liability Provide number of employees:\_\_\_\_\_

**Property Coverages/Building Information**

**1. Location # \_\_\_\_\_ Building # \_\_\_\_\_**

Yes \_\_\_\_\_ No \_\_\_\_\_Is property coverage desired at this location (if coverage is not needed, please skip this section)?

- A. Construction Type (Choose One)
  - \_\_\_\_\_ Frame \_\_\_\_\_Joisted Masonry \_\_\_\_\_ Noncombustible \_\_\_\_\_ Masonry Noncombustible
  - \_\_\_\_\_ Fire Resistive
- B. Building Information:
  - Total Square Feet of Building \_\_\_\_\_Number of Stories \_\_\_\_\_Protection Class (if known) \_\_\_\_\_
  - Total Area Occupied by Daycare \_\_\_\_\_ Year of Construction \_\_\_\_\_
- C. Building Improvements:
  - Wiring Year \_\_\_\_\_ Roofing Year \_\_\_\_\_ Plumbing Year \_\_\_\_\_ Heating Year \_\_\_\_\_
- D. Yes \_\_\_\_\_ No \_\_\_\_\_Is building sprinklered?
- E. Miles to fire station \_\_\_\_\_ Feet to fire hydrant \_\_\_\_\_ Responding fire department \_\_\_\_\_

**Limits/Valuation**

Building \$ _____	_____ Replacement Cost _____	Actual Cash Value
Business Personal Property \$ _____	_____ Replacement Cost _____	Actual Cash Value
Improvements & Betterments \$ _____	_____ Replacement Cost _____	Actual Cash Value
Property Deductible: _____ \$250 _____ \$500 _____ \$1,000 _____ \$2,500		

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 Total Square Feet of Building \_\_\_\_\_ Number of Stories \_\_\_\_\_ Protection Class (if known) \_\_\_\_\_  
 Total Area Occupied by Daycare \_\_\_\_\_ Year of Construction \_\_\_\_\_
- C. Building Improvements:  
 Wiring Year \_\_\_\_\_ Roofing Year \_\_\_\_\_ Plumbing Year \_\_\_\_\_ Heating Year \_\_\_\_\_
- D. Yes \_\_\_ No \_\_\_ Is building sprinklered?
- E. Miles to fire station \_\_\_\_\_ Feet to fire hydrant \_\_\_\_\_ Responding fire department \_\_\_\_\_

**Limits/Valuation**

Building \$ \_\_\_\_\_ Replacement Cost \_\_\_\_\_ Actual Cash Value  
 Business Personal Property \$ \_\_\_\_\_ Replacement Cost \_\_\_\_\_ Actual Cash Value  
 Improvements & Betterments \$ \_\_\_\_\_ Replacement Cost \_\_\_\_\_ Actual Cash Value

**2. Optional Property Coverages**

- A. Yes \_\_\_ No \_\_\_ Computer Coverage? Amount: \_\_\_\_\_
- B. Yes \_\_\_ No \_\_\_ Earthquake – Building
- C. Yes \_\_\_ No \_\_\_ Earthquake – Personal Property
- D. Yes \_\_\_ No \_\_\_ Sign Coverage?  
 If yes,  
 1. Signs attached to building: \$ \_\_\_\_\_  
 2. Signs detached from building: \$ \_\_\_\_\_
- E. Yes \_\_\_ No \_\_\_ Money Coverage?  
 If yes,  
 1. On Premises: \$ \_\_\_\_\_  
 2. Off Premises: \$ \_\_\_\_\_
- F. Yes \_\_\_ No \_\_\_ Employee Dishonesty?  
 If yes,  
 1. Number of Employees: \_\_\_\_\_  
 2. Limit: \$5,000 \_\_\_ \$10,000 \_\_\_ \$25,000 \_\_\_ Other \$ \_\_\_\_\_
- G. Yes \_\_\_ No \_\_\_ Playground Equipment? Amount: \$ \_\_\_\_\_
- H. Yes \_\_\_ No \_\_\_ Fence Coverage? Amount: \$ \_\_\_\_\_ Total Length: \_\_\_\_\_
- I. Yes \_\_\_ No \_\_\_ Garage/Storage Building? Amount: \$ \_\_\_\_\_ Dimensions: \_\_\_\_\_

**Automobile**

Yes \_\_\_ No \_\_\_ Is commercial automobile coverage desired (if coverage is not needed, please skip this section)?

Year	Make	Model	VIN	Comprehensive Coverage	Collision Coverage

- A. Yes \_\_\_ No \_\_\_ Are all vehicles titled to the center? If no, explain: \_\_\_\_\_
- B. Yes \_\_\_ No \_\_\_ Do you have a written maintenance program in place?
- C. Yes \_\_\_ No \_\_\_ Do you provide regular transportation for children?

- D. Yes \_\_\_ No \_\_\_ Do you ever pick-up or drop-off children at their homes?
- E. Yes \_\_\_ No \_\_\_ Do any employees use their personal vehicles for business errands?
- F. Yes \_\_\_ No \_\_\_ Are MVRs run on all new hires?
- G. Please provide the following information for all drivers:

Name	Date of Birth	Drivers License #	State

**Coverages/Limits:**

Liability: \_\_\_\_\_ \$100,000 CSL \_\_\_ \$300,000 CSL \_\_\_ \$500,000 CSL \_\_\_ \$1,000,000 CSL  
 Medical Payments: \_\_\_\_\_ None \_\_\_ \$1,000 \_\_\_ \$5,000 \_\_\_ \$10,000  
 Uninsured/Underinsured Motorists: \_\_\_ None \_\_\_ \$100,000 \_\_\_ \$300,000 \_\_\_ \$500,000 \_\_\_ \$1,000,000  
 Comprehensive deductible: \_\_\_\_\_ No Coverage \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1,000  
 Collision deductible: \_\_\_\_\_ No Coverage \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1,000

**Worker's Compensation (Not available in Ohio)**

Yes \_\_\_ No \_\_\_ Is worker's compensation coverage desired?

If yes:

- A. FEIN: \_\_\_\_\_
- B. Number of full-time employees: \_\_\_\_\_
- C. Number of part-time employees: \_\_\_\_\_
- D. Number of owners/partners: \_\_\_\_\_
- E. Yes \_\_\_ No \_\_\_ Are owners/partners covered by Worker's Compensation?
- F. Estimated annual payroll: \$ \_\_\_\_\_
- G. Name of current insurance carrier: \_\_\_\_\_
- H. Current expiration date: \_\_\_\_\_
- I. Current policy number: \_\_\_\_\_
- J. Annual premium: \$ \_\_\_\_\_

**Stop Gap Employer's Liability (Ohio Only)**

Yes \_\_\_ No \_\_\_ Is Stop Gap Employer's Liability coverage desired?

If yes, please choose desired limit:

\_\_\_\_\_ \$100,000/\$500,000/\$100,000      \_\_\_\_\_ \$500,000/\$500,000/\$500,000  
 \_\_\_\_\_ \$500,000/\$1,000,000/\$500,000      \_\_\_\_\_ \$1,000,000/\$1,000,000/\$1,000,000

**Commercial Umbrella (Excess Liability)**

Yes \_\_\_ No \_\_\_ Is a commercial umbrella policy desired?

If yes:

- A. Yes \_\_\_ No \_\_\_ Does the applicant currently carry a commercial umbrella policy?
- B. Yes \_\_\_ No \_\_\_ Has the applicant ever had a claim on a commercial umbrella/excess liability policy?  
 If yes, explain: \_\_\_\_\_
- C. Please choose a desired limit of coverage:  
 \_\_\_\_\_ \$1,000,000    \_\_\_\_\_ \$2,000,000    \_\_\_\_\_ \$3,000,000    \_\_\_\_\_ \$4,000,000    \_\_\_\_\_ \$5,000,000

**Other Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_