



Philadelphia Insurance Companies

100 Technology Center Drive, Suite 2B, Stoughton, MA 02072
www.phlyins.com

In Home Child Care Insurance Application

1.) Applicant Name & Address:

Phone :() _____

County: _____

2.) Is this the location of the In Home Child Care: Yes ___ No ___

Do you rent or own this location? _____

2a.) Landlord Name & Address: _____

3.) Do you have a current State/Local Child Care License (Certification) Yes ___ No ___ **(copy must be attached)**

4.) Have you read all of the state requirements for family child care licensure? Yes ___ No ___

5.) Are you in compliance with all of these licensing requirements and regulations? Yes ___ No ___

If answer to any of questions #3, 4 or 5 is No, you are ineligible for coverage.

6.) Have you ever had a Citation or Warning issued against you or your Child Care Premises?

Yes ___ No ___ If Yes, explain: _____

7.) Have you ever had your Child Care License suspended or revoked? Yes ___ No ___ If Yes, explain:

8.) Fully describe any Accidents, Incidents or Insurance Claims in the last 3 years regardless if you were insured: _____

9.) Are there any animals on these premises? Yes ___ No ___

If Yes, list types and breeds of animals: _____

9a.) Are any of your animal breeds listed on the *attached list of Prohibited Animals? Yes___ No___
If answered Yes, you are ineligible for coverage.

10.) Are shots current for all animals? Yes___ No___ **If answered No, you are ineligible for coverage.**

11.) Are animals, except for cats, kept separated from Child Care Children? Yes___ No___
Explain:

If question #11 is answered No, you are ineligible for coverage.

12.) Do you have a pool? Yes___ No___

13.) Does this pool have either a diving board or slide? Yes___ No___ **If answered Yes, you are ineligible for coverage.**

14.) Do you take Field Trips with the Child Care Children? Yes___ No___

If Yes, approximately how many Field Trips per year? _____

Describe type of Field Trips: _____

(ALL Transportation coverage is EXCLUDED from this policy)

15.) Number of children in your care: Under age 2: _____ From 2 to 5: _____
From 6 to 10: _____ Over age 10: _____

16.) What is your Adult to Children Ratio? #of Adults_____ to #of Children_____

17.) What are the daily hours of operation of the Child Care Center? _____
of days per week: _____

18.) Number of employees or assistants _____

19.) Are previous employment and criminal records checked prior to hiring? Yes ___ No ___

Describe the procedure: _____

If answer to question #19 is No, you are ineligible for coverage.

20.) Do you care for special needs children? Yes ___ No ___ If so, describe the nature of special needs:

21.) What is the Requested Effective date of coverage?: _____ **Note** – coverage is effective when this application and payment are **received & accepted** by Philadelphia Insurance Companies or the date you specify, whichever is later.

*Prohibited Animal List

1. Dogs or hybrids of the following types:
 - a. American Staffordshire Terriers, American Pit Bull Terrier, or Staffordshire Bull Terriers, all commonly known as Pit Bulls;
 - b. Doberman Pinschers;
 - c. Rottweilers;
 - d. Chows;
 - e. Bull Mastiffs;
 - f. German Shepards;
 - g. Any mixed breed animal which included one or more of the breeds listed above;
 - h. Any trained attack or guard dog;
 - i. Any fighting dog or dog bred for fighting
 - j. Any non-licensed dog
2. Any mixed breed or wild animal or reptile, native or exotic, including but not limited to wolves, coyotes, foxes, alligators, iguanas, turtles and snakes
3. Any saddle or riding animals, including but not limited to horses, ponies, donkeys, mules, camels, elephants, ostriches and llamas
4. Any animal not otherwise excluded in 1, 2 or 3 above that is known to be, or that should have reasonably been expected to be, harmful, dangerous or injurious to others. This includes any animal with a prior history of causing "bodily injury."
5. Any farm animal not otherwise mentioned excluded in 1, 2 or 3 above

By signing this application, the applicant acknowledges that all information is true and correct. Failure to provide requested information may result in denial of, or cancellation of coverage. Coverage for "certified" acts of terrorism is also rejected by applicant.

Applicant Signature: _____ **Date:** _____

Child Care License Number: _____

Certificates of coverage are provided at no charge, request your certificate by providing the Certificate holders name and address: _____

Coverage Highlights*

A comprehensive General Liability policy covering your legal liability for accidents caused by you, your helpers or substitutes for:

- Bodily Injury to day care children in your home, or while on field trips.
- Bodily Injury to members of the public, or damage to property.
- Suits alleging false arrest, libel, slander, and invasion of privacy.
- Lawsuits arising out of providing, or failing to provide proper professional services
(This is very broad coverage which goes far beyond just bodily injury or property damage)
- Injury to children, or sickness alleged to have been caused by meals served in your home.
- Injury to children, or sickness caused by someone else's products used by you, such as diapers, lotions, medications, or food.
- Abuse & Molestation coverage with limits of \$25,000 per incident / \$50,000 aggregate includes both settlement and defense
- Animal Injury coverage with limits of \$25,000 per incident / \$50,000 aggregate includes both settlement and defense

***These are coverage highlights only. Please review your insurance policy for actual terms and conditions.**

PREMIUMS

General Liability Limit 1,000,000 per occurrence/2,000,000 annual aggregate		
# of Children Licensed for	Remainder of State	Boston*, Brockton, Brookline, Cambridge, Chelsea, Everett, Fall River, Holyoke, Lawrence, Lowell, Lynn, Malden, Medford, New Bedford, Revere, Somerville, Springfield, Watertown, Winthrop, Worcester
1-6	\$482.00	\$482.00
7	495.00	517.00
8	517.00	550.00
9	537.00	585.00
10	558.00	619.00
11	578.00	654.00
12	599.00	688.00

***Boston consists of: Brighton, Charlestown, Dorchester, EastBoston, HydePark, Jamaica Plain, Roslindale, Roxbury, South Boston, West Roxbury, Allston, Mattapan, and Readville**

➤ What is the number of children you are licensed for? _____ Premium Amount: \$ _____

➤ If an additional insured is required on your policy, you must provide the interest

Name and Address of the Additional Insured:

➤ Total Amount DuePayable to Philadelphia Insurance Companies \$ _____

Pay by Check or Money Order, or you may charge your amount due by providing Credit / Debit Card Information:

Credit Card # _____ Expiration Date: _____

Amount authorized to charge \$ _____ Card Holder Signature _____

Please check card type: _____ Credit _____ Debit

Please choose one: _____ VISA _____ Mastercard

_____ American Express

CVV Value* _____

* note CVV value is the 3 or 4 digit security code from the back of the card.

Please mail your payment to:

Please provide your Agent's Info:

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