

In Home Family Child Care Insurance

Liability and Property Coverage

Designed

Especially for Child Care Homes

In Massachusetts

**Mr. Glenn Allan
Amherst Insurance Agency, Inc
20 Gatehouse Road
P O Box 48
Amherst, MA 01004-0048
800-228-8351
email:gallan@nathanagencies.com**

Underwritten by Tudor Insurance Company

Made available to you by:

**Program Managers, Inc. 1001 E. Cliff Rd. Ste. 100
Burnsville MN 55337
Ph: (952) 707-8674 Fax: 952(894-7448)
1-800-473-0111**

FAMILY CHILD CARE INSURANCE

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

- **Premises Liability-** provides Bodily Injury to day care children in your home, or while on field trips.
- **Property Damage-** provides coverage to members of the public for damage to their property.
- **Personal Injury-**provides coverage for suits alleging false arrest, libel, slander, and invasion of privacy.
- **Professional Liability-** provides coverage for occurrences resulting in bodily injury due to the rendering or failure to provide proper professional services.
- **Product Liability-** provides coverage for bodily injury to children, or sickness alleged to have been caused by meals served in your home.
- **Medical Expense-** we will provide up to \$5,000 per person, or \$25,000 per occurrence for medical bills arising out of accidents to children of others, in your care.
- **Sexual Abuse or Molestation** – coverage up to \$100,000 per person or \$300,000 per occurrence.

Losses that result from the following exposures will not be covered:

- Trampolines, springboards or similar rebounding devices.
- Swimming pools that are greater than 18" in depth.
- **Physical contact directly or indirectly with any animal that is listed below:**
 1. Dogs or hybrids of the following types: American Staffordshire Terrier, American Pit Bull Terrier or Staffordshire Bull Terriers, all commonly known as Pit Bulls; Doberman Pinschers; Rottweilers; Chows; Bull Mastiffs; German Shepherds; any mixed dog which includes one or more of the breeds listed above; any trained attack or guard dog; any fighting dog or dog bred for fighting; 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, iguanans, 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 or farm animal not otherwise excluded above that is know 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".

This brochure is intended to be a brief description of coverage. Please read the policy or call our office for the complete details on coverage, conditions and exclusions.

If you have any further questions, or if you would like a personal consultation and a quotation,
call us toll free at 1-800-228-8351

To Purchase coverage:

- Complete and sign the attached **application, membership application and Terrorism form.**
- Attach your check for the full premium including the association membership fee payable to:
Program Managers Inc.
- Please send a copy of your current **Daycare License with application.**

Amherst Insurance Agency, Inc.

Attn: Dawn or Glenn

P O Box 48

Amherst, MA 01004-48

Ph: 413-253-5555

Fax: 413-256-8354

Amherst Insurance Agency Inc.
 Amherst Financial Services Agency
 20 Gatehouse Road, PO Box 48
 Amherst Massachusetts 01004-0048

MASSACHUSETTS FAMILY CHILD CARE INSURANCE APPLICATION

Proposed Effective Date: _____	
Name: _____	Phone (Area Code): _____
Address: _____	Email address: _____
City: _____	State: _____ Zip: _____ County: _____

Do you rent or own this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No
What are your hours of operation? From: _____ To: _____	Any overnight Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide hours of operation for overnight care: _____	From: _____ To: _____
Number of Children you are licensed for: _____	Average number in your care daily: _____
What is your Adult to Child ratio? _____	# of Adults: _____ to # of Children: _____
Do you currently care for special needs children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is any special training required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the nature of special needs: _____	
Describe the training you have to care for special needs child: _____	
Number of employees, helpers, assistants or volunteers: _____	
Are background checks done on all employees prior to hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you keep a daily log for each child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe procedures for non-parent or guardian pickup: _____	
Any other business operations in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe: _____	

Do you have a current State/Local Child Care License, Certification or Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years licensed in child care: _____
Has your license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____
In the past 5 years, have any liability claims or lawsuits been filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____
Have you ever had a citation or warning issued against you or your child care operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____
Has any person residing in the household ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide complete details on a separate paper and include for consideration.</i>
Has your home been inspected by your State of Local Day Care Licensing Division? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the date of your most recent inspection? _____

Do pets live on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe (if dog, please include breed): _____
(Please note that some breeds/animals are prohibited, see opposite page for listing).
If you have a dog, how is it kept away from children? _____
Are shots current for all animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Injury caused by any animal is limited to \$25,000 per person/\$50,000 per occurrence for all Liability limits offered under this policy.

Describe playground equipment: _____	
Are swing sets anchored? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is playground area fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No

The application, including all attachments, becomes part of your policy (if issued). Any misstatements of facts will void your coverage.
 Please mail your application and payment to:

Program Managers, Inc. 1001 E Cliff Road #100, Burnsville MN 55337

Trampolines or jumping equipment?

Yes No

(No coverage is provided for injury as a result of using any form of trampoline or jumping equipment.)

Maximum liability limit available with a trampoline is \$300,000/\$600,000 and you must include a copy of your Homeowners declarations page with the application.

Describe any swimming pools on the premises: _____

Is pool used by daycare children? Yes No

Is pool area gated and locked?

Yes No

Wading pools under 18" and sprinklers are acceptable. No coverage is provided for other types of pools.

Are over the counter drugs dispensed according to the manufacturer's instructions?

Yes No

Are over the counter drugs dispensed with parents' written authorization stating dosage and times within a written log?

Yes No

Are prescription drugs dispensed with parents' or physicians' written instructions?

Yes No

Do you care for infants?

Yes No

If yes, are infants placed in cribs and not placed on beds during nap time?

Yes No

Do you take field trips with the daycare children?

Yes No

If yes, approximately how many trips per year? _____

All transportation coverage is excluded from this policy.

RATES

Premium includes Comprehensive General Liability, at the requested limit, Personal Injury, Professional Liability, Product Liability, Medical Payments coverage at a limit of \$5,000 per person, Sexual Abuse and Molestation coverage at \$100,000 per person/\$300,000 per occurrence, coverage for Animal Injury \$25,000 per occurrence/\$50,000 aggregate limit.

Use the chart below to determine your premium- select the average number of children in your care plus the limit of liability you wish to carry equals your annual insurance premium. Level 1 rates apply countrywide (except those counties or cities listed in Level 2).

Level 2 consists of the following counties or cities: *CA - Los Angeles, Orange and San Francisco, * District of Columbia, *FL - Dade and Broward, *IL - Cook County, *NY - All NY City boroughs (Bronx, Brooklyn, Manhattan, Queens, Staten Island) Rockland, Westchester, Putnam, Nassau and Suffolk, *PA - Philadelphia, TX - Houston and Dallas.

Limit of Liability	\$300,000/\$600,000	\$500,000/\$1,000,000	\$1,000,000/\$2,000,000
# of Children in your care	Massachusetts	Massachusetts	Massachusetts
1 - 6 children	\$220	\$239	\$264
7 children	\$230	\$252	\$280
8 children	\$255	\$279	\$304
9 children	\$300	\$324	\$360
10 children	\$340	\$369	\$384
11 children	\$375	\$396	\$432
12 children	\$400	\$446	\$480
13 children	\$440	\$464	\$520
14 children	\$475	\$495	\$552

Check the Liability limit desired: \$300,000/600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

What is the average number of children in your care: _____

(Do not include your own children.)

Premium Amount

\$ _____

If an additional insured is required on your policy, you must provide the name and address of the additional insured: (There is a \$25 charge for each additional insured, except for landlord or food program group which are free).

Name of Additional Insured: _____

Additional Insured(s)

\$ _____

Address of Additional Insured: _____

Membership Fee

\$ _____

Make checks payable to: Program Managers, Inc.

Total Amount Due

\$ _____

Signature _____

Date _____

I warrant the truth of the above statements, and that no material information has been withheld.

The application, including all attachments, becomes part of your policy (if issued). Any misstatements of facts will void your coverage.

Please mail your application and payment to:

Program Managers, Inc. 1001 E Cliff Road #100, Burnsville MN 55337

This form must be signed and returned with your application!

WESTERN WORLD INSURANCE GROUP

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U. S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum.
- I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Policyholder/Applicant's Signature	Account Name	
Print Name	Date	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600
Telephone: (201) 847-8600

Association of Child Care Professionals
13608 W. 137th Place, Burnsville MN 55337

Application for Membership

To join, complete this application and return it with your check or money order payable to: **Association of Child Care Professionals**

Annual Membership fee: \$25.00

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Average number of children in you care, other than your own: _____

What is the Association of Child Care Professionals?

- We are a non-profit organization which provides services and benefits to owners and employees of child care facilities.
- We are active in working at state levels to encourage legislation favoring health, safety, and education of children.
- As in independent organization, we do not endorse any particular brand of playground equipment or toys, but through our efforts nationwide, we help promote the use of safe equipment, toys and procedures.
- We are your eyes and ears. We represent the interests of child care providers in an effort to make child care a rewarding, professional and profitable business.
- As a member of this association, you are eligible to participate in the optional liability insurance program. This comprehensive & affordable insurance program was created exclusively for the Association of Child Care Professionals.