



Other Occupancies

1. Is the center located in:

| | | |
|---------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Private Home | <input type="checkbox"/> Commercial Bldg. | <input type="checkbox"/> School |
| <input type="checkbox"/> Church | <input type="checkbox"/> 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:

| | |
|---|--|
| Are there any other occupants in this building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list all other occupants _____ | |
2. Does the applicant own the building? Yes No
 - a. Does the insured lease any space to other tenants? Yes No

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|--|-------|
| If yes, what is the square footage of the area leased out? | _____ |
|--|-------|
 - b. Are any residential apartments located within this building? Yes No

NOTE: If there are more than 2 apartments, you must contact the NSI UW before submitting.

If yes, how many apartments: _____

You must attach a copy of the tenant's HO4 & Lease Agreement.

Transportation

If the applicant has any employees or volunteers, please complete all of the following questions.

1. Does the applicant provide any transportation of registrants? If yes, please answer the following: Yes No
 - a. Do you transport children in:

| | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Private Vehicle | <input type="checkbox"/> Hired Vehicles | <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Other _____ |
|--|---|--|--------------------------------------|
 - b. What is the youngest age of any driver: _____
 - c. Do you have a Commercial Auto policy? Yes No

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| If yes, provide name of company: | _____ |
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Water Activities

1. Does the applicant provide any on or off premises water activities? Yes No

If yes, answer the following questions:

 - a. Describe any water activities on the premises:

| | | |
|-------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Pool | <input type="checkbox"/> Wading Pool (2 ft. or less) | <input type="checkbox"/> Other _____ |
|-------------------------------|--|--------------------------------------|
 - b. If there is a pool or wading pool, is it fenced? Yes No
 - c. Is there a diving board? If yes, please contact NSI Underwriting Department. Yes No
 - d. Is there a slide? If yes, please contact NSI Underwriting Department. Yes No
 - e. Is there a certified life-guard on staff at the premise where the water activities are held? Yes No
 - f. Are children allowed to participate in off-premises water activities?

| | |
|--------------------------|-------|
| If yes, please describe: | _____ |
|--------------------------|-------|
 - g. Is written permission obtained from parents for any water activities? Yes No

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| If yes, please describe: | _____ |
|--------------------------|-------|

Other Activities

1. Is there a trampoline on the premises? Yes No
2. Is there any gymnastic equipment on the premises? Yes No

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|--------------------------|-------|
| If yes, please describe: | _____ |
|--------------------------|-------|
3. Are there any dogs on the premises? Yes No

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|--|-------|
| If yes, please list the breed and any previous biting history: | _____ |
|--|-------|
4. Are there any other pets or animals on the premises? Yes No

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|--------------------------|-------|
| If yes, please describe: | _____ |
|--------------------------|-------|
5. Are the children allowed contact with any animals? Yes No

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|--------------------------|-------|
| If yes, please describe: | _____ |
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Optional Liability Coverage

1. Check "Yes" if you would like us to include the following coverage in our quote. Check "No" if you do not want coverage.

| | | |
|---|---------------------------------|--------------------------------|
| <p>a. Abuse & Molestation Coverage - Optional Optional coverage is available for Physical Abuse or Sexual Molestation excluding the perpetrator. Multiple incidents to one person shall be deemed to be one occurrence and subject to coverage limits in effect at the time of the first incident. Coverage is limited with in the General Liability Limits. Prior to providing coverage, Childcare operators must conduct personal background checks on all employees and volunteers (and all residents 18 and older for in-home operations) or have signed affidavits as required by state statue. Background checks must be done regularly & maintained in file for all current & past employees including in-home residents (18 and older).</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>b. Dog & Cat Liability Coverage (In-home centers only) This endorsement provides a \$50,000 Per Occurrence and \$50,000 General Aggregate Limit of liability for bodily injury or property damage arising out of the insured's ownership, care, custody and control of any dog and/or cat. It is only available for in-home operations. (Damages arising out of the insured's ownership, or care, custody, or control of any dog/and or cat are otherwise excluded from coverage).</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>c. Hired & Non-Owned Auto Liability Hired Auto Liability covers bodily injury and property damage arising out of the maintenance or use of a hired auto by you or your employees in the course of your business. Hired auto means any auto you lease, hire, rent, or borrow. Non-Owned Liability covers bodily injury and property damage arising out of the use of any non-owned auto in your business, by any person other than you, in the course of your business. Non-owned auto means any auto you do not own, lease, hire, rent, or borrow which is used in connection with your business.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>d. Water Activities \$150,000/\$150,000 Limit This is an optional coverage to pay for bodily injury claims that arise out of the use, ownership, or maintenance of any body of water or pool whether the childcare water activities are on or off premises. This endorsement provides a \$150,000 per occurrence, \$150,000 general aggregate limit of coverage. <input type="checkbox"/>Pool <input type="checkbox"/>Wading Pool (2 feet or less)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>e. Water Activities On & Off Premises – Policy Limit The limit of liability for water activities is the same as, and included within the General Liability policy limit. This is an optional coverage to pay for bodily injury claims that arise out of the use, ownership, or maintenance of any body of water or pool whether the childcare water activities are on or off premises. (Certified lifeguard is required on premises for policy limits).</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>f. Roll-on EPLI <input type="checkbox"/>100,000 Limit <input type="checkbox"/>250,000 (only available if 19 or less employees) Provide number of employees. _____ Coverage for any actual or alleged act of discrimination, harassment, wrongful discipline, and many other employee related practices that you become legally obligated to pay.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>g. Employee Benefit Liability Provide number of employees. _____ This is an optional coverage to pay for damages that are caused by any negligent act, error, or omission by you or any other person in connection with the administration of your "employee benefits program".</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Workers' Compensation (Not Applicable in Indiana, Kentucky, Michigan, and Ohio)

IF A QUOTE FOR WORKER'S COMPENSATION COVERAGE IS BEING REQUESTED
PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION
THREE YEAR LOSS HISTORY MUST BE SUBMITTED FOR ALL WORKER'S COMPENSATION QUOTES

1. Is there a written return to work program in place, to encourage/assist employees in rejoining the workforce?
If yes, please attach a copy.

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

| | |
|-----------------------|-------------|
| _____ | _____ |
| Applicant's Signature | Date |
| _____ | _____ |
| Agent's Signature | Agency Name |
| _____ | _____ |
| Agent's Signature | Date |