



Richmond National Insurance Company
11013 West Broad Street, Suite 300
Glen Allen, VA 23060

CHILDCARE FACILITIES SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured:

2. Are any other entities or DBAs to be listed as Named Insured? Yes No

a. If yes, please list:

- _____
- b. Do all entities have common ownership with the first Named Insured? Yes No

3. Years in operation under current ownership/management:

4. Mailing Address:

Street: _____

City: _____ State: _____

5. Zip: _____

6. Contact for audits and/or inspections:

Name: _____

7. Title: _____

Phone Number: _____

Email: _____

6. Does the Applicant currently carry General Liability coverage? Yes No

Effective Date: _____

Expiring Carrier: _____

Expiring Premium: _____

Retroactive Date (if applicable): _____

Current limit for abuse & molestation coverage: _____

III. LICENSING

1. Applicant's state childcare license number:

a. State of issuance:

2. Has the Applicant had any critical licensing violations in the past three years? Yes No

a. If yes, how many: _____

b. Please provide additional information on violations and mitigation tactics taken by the Applicant to avoid future infractions:

3. Has the Applicant had their license suspended or revoked? Yes No

a. If yes, please provide additional information:

4. Licensed Capacity: _____ Average number of children per day: _____

IV. MANAGEMENT PRACTICES

1. Hours of operation:

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2. Does the Applicant have a written and enforced no smoking policy? Yes No

a. Are "no smoking" signs posted in areas not designated for smoking? Yes No

3. Does the Applicant carry any of the following policies:

a. Student accident policy Yes No

b. Athletic Medical Coverage Yes No

c. Commercial property coverage Yes No

4. What procedures are in place when dispensing medications to children:

Medication is kept in its original container/package Yes No

Written instructions for use are provided by the parent Yes No

Written records are kept of all medications dispensed Yes No

Other: _____

5. Does the Applicant's pre-employment background include the following:

Professional references Yes No

Fingerprint/FBI check Yes No

State-level criminal background check Yes No

Education verification Yes No

National Sex Offender Public Website (NSOPW) registry check Yes No

Other: _____

6. While in your employment or under contract, has any person performing professional services ever been reprimanded, suspended or disciplined by any agency or governmental entity? Yes No

a. If yes, please provide additional information:

7. What is the staff turnover rate for the last 12 months?

8. Does your Executive Director or substantial equivalent have specialized training or education? Yes No

9. Does the Applicant have any employees under the age of 18? Yes No

10. Are there any volunteers at your facility? Yes No

11. Based on the maximum number of children enrolled, what is your actual breakdown of total staff to total number of children by age group?

	# of Female Staffing	# of Male Staffing	# of Children Daily
Infant, ages 0 – 1			
Toddlers, ages 1 – 2			
Toddlers, ages 2 – 3			
Preschoolers, ages 3 – 5			
School age children, ages 6 and up			
Totals			

12. How many children in the facility require special needs care? _____

V. PREMISES INFORMATION

Location 1:

StreetAddress: _____

City: _____ State: _____ Zip: _____

Year of Update:

Wiring	
Plumbing	
Roofing	
HVAC	

This location is: Leased Owned

Location type:

Church	Commercial Facility
Home	School

Location 2:

Street Address: _____

City: _____ State: _____ Zip: _____

Year of Update:

Wiring	
Plumbing	
Roofing	
HVAC	

This location is: Leased Owned

Location type:

Church	Commercial Facility
Home	School

Location 3:

Street Address: _____

City: _____ State: _____ Zip: _____

Year of Update:

Wiring	
Plumbing	
Roofing	
HVAC	

This location is: Leased Owned

Location type:

Church	Commercial Facility
Home	School

1. Do any of the locations have an indoor or outdoor playground? Yes No
- a. If yes, how many? _____
- b. What is the ground covering? _____
- c. Is the playground fully fenced, if outdoor? Yes No
- d. Does the Applicant have yearly inspections conducted on the equipment? Yes No
- e. Has the Applicant ever had a licensing violation related to outdoor play equipment? Yes No

- | | | |
|----------------------------------------------------------------------------------------------|-----|----|
| 2. Is the Applicant's premise equipped with a CCTV system? | Yes | No |
| 3. If the building you occupy was built prior to 1978, has it been inspected for lead paint? | Yes | No |
| a. If no, what is the plan for abatement? | | |
| _____ | | |
| 4. Do you have any plans for renovations or new construction? | Yes | No |
| a. If yes, please provide additional information: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 5. Does your center exit directly to the outside? | Yes | No |
| 6. Do the bathroom doors lock? | Yes | No |
| a. If yes, can they be unlocked from the outside? | Yes | No |
| 7. Do you have a written emergency evacuation plan? | Yes | No |
| a. If yes, how often are drills held? _____ | | |
| 8. Are all exits clearly marked in the event of a fire? | Yes | No |
| 9. Does your facility utilize routine housekeeping services? | Yes | No |
| a. If yes, how frequently: _____ | | |
| 10. Do you have a swimming pool at your facility? | Yes | No |
| a. If yes, is the pool in the ground or above ground? _____ | | |
| b. What is the maximum depth of the pool? _____ | | |
| c. How many lifeguards are on duty during opening hours? _____ | | |
| d. What is the height of the fence around the pool? _____ | | |
| e. List any additional play equipment at the pool (slides, water jets, etc.) | | |
| _____ | | |
| _____ | | |

VI. ABUSE & MOLESTATION

- | | | |
|----------------------------------------------------------|-----|----|
| 1. Do you have a written abuse prevention plan in place? | Yes | No |
|----------------------------------------------------------|-----|----|

a. If yes, does the plan include:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|
| i. “Rule of Two” or “Rule of Three”, stating that no child is to be left with unobservable one-on-one contact with an adult? | Yes | No |
| ii. Procedures for reporting suspicious events or Instances of sexual abuse? | Yes | No |
| iii. Programs and procedures to train all staff on sexual abuse prevention. | Yes | No |

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2. Do all employees have a completed criminal background check prior to have access to children? | Yes | No |
| 3. Do you have systems in place to confirm children are only released to their correct parent, guardian, or assigned pick up? | Yes | No |
| 4. Do childcare rooms have windows to allow for outside supervision? | Yes | No |
| 5. Does the Applicant utilize volunteers? | Yes | No |
| 6. Does the Applicant prohibit the use of corporal punishment? | Yes | No |
| 7. Are you aware of any instance, circumstance, or situation, whether past or present, that may lead to a situation involving sexual abuse? | Yes | No |
| 8. Has your business ever had any allegation, whether substantiated or not, or prior instance or claim regarding sexual abuse? | Yes | No |

VII. FRAUD WARNING

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

Applicant Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California	For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	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.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
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 include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

VIII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant: _____

Print name and title of the person authorized on behalf of the Applicant:

First Name: _____

Last Name: _____

Title: _____

Signature of person authorized to execute on behalf of the Applicant:

Signature: _____

Date: _____

Producer Name: _____

Producer Signature: _____

Date: _____