



**Markel Insurance Company**  
 P.O. Box 440549, Kennesaw, GA 30160  
 Telephone: (678) 290-2100 Fax: (678) 290-2200  
 Email applications to: [news@markelcorp.com](mailto:news@markelcorp.com)  
 Website: [markelinsurance.com](http://markelinsurance.com)



## Child Care Complete Application

Markel Agent Number: +%\$\* \$

Business Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person & Phone Number: \_\_\_\_\_

### Section 1 - Business Information

- Type of Entity:  Corporation  Individual  Partnership  Joint Venture  LLC  Other: \_\_\_\_\_
- Date business started under current ownership: \_\_\_\_\_  For Profit  Non Profit
- FEIN/Social Security Number: \_\_\_\_\_
- Operations at this location are:  
 Childcare Center  Before/After Childcare  Montessori  Pre K Nursery Childcare  Drop-in
- Requested effective date: \_\_\_\_\_

### Section 2 - Better Beginnings

Rating:  Do not participate  One star  Two star  Three star

### Section 3 - Liability Limits

**Note:** General Liability limits of \$1,000,000/\$3,000,000 will be quoted. Lower limits are available upon request.

- Abuse Liability Limit (choose one):  \$1,000,000/\$1,000,000  \$500,000/\$1,000,000
- Employers Liability Limit (choose one):  \$500,000/\$500,000/\$500,000  \$1,000,000/\$1,000,000/\$1,000,000  
 \$1,500,000/\$1,500,000/\$1,500,000  \$2,000,000/\$2,000,000/\$2,000,000
- Employee Benefits Liability limits of \$1,000,000/\$3,000,000 will be quoted if requested. Retro Date: \_\_\_\_\_  
 Total number of employees: \_\_\_\_\_

### Section 4 - Property Coverage

- Provide Limit of Insurance for each coverage item desired:

Building: \$	Personal Property of Insured: \$
Business Income: \$	Tenants Improvements & Betterments: \$
Fence: \$	Awning or Canopy: \$
Sign: \$	Playground Equipment: \$

- Deductible:  \$1,000  \$2,500  \$5,000  \$10,000
- Coinsurance:  80%  90%  100%

4. Building type:  Multiple Occupancy Building  Church Building  Converted Building  Single Occupancy Building  
 School Building  Strip Mall
5. Is the building you occupy built specifically for childcare operations?  Yes  No
6. Square footage: \_\_\_\_\_ Year built: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Construction: \_\_\_\_\_
7. If the building is over 20 years old, has the building been updated (including roof and plumbing) within the past 20 years?  Yes  No
8. Is the building sprinklered?  Yes  No
9. License capacity: \_\_\_\_\_ Average daily capacity: \_\_\_\_\_ Average daily number of infants: \_\_\_\_\_
10. Do you have a swimming pool on premises?  Yes  No If yes, complete the Water Activities Supplemental.
11. Is there a playground on site?  Yes  No If yes, complete the Playground Supplemental.

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**Section 5 - Liability and Abuse**

1. Do staff members check ID against the child's approved pickup list before releasing the child?  Yes  No
2. Are medications dispensed per written instructions provided by and signed by the parent?  Yes  No
3. Is there always a staff member trained in CPR and First Aid on the premises?  Yes  No
4. Do you have more than 12 field trips annually?  Yes  No
5. Do you have a formal, documented abuse policy in place including regular staff training on reporting incidents and a minimum of two staff present at all times with children?  Yes  No
- If no, explain: \_\_\_\_\_
- If yes, does the abuse policy include training on identifying symptoms or signs of abuse?  Yes  No

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**Section 6 - Playground Supplement**

1. Does the facility have its own play area?  Yes  No
2. Is the play area fenced?  Yes  No
3. Please indicate the type of surface under the permanently installed play equipment over 18 inches high:  
 Course sand  Double shredded mulch  Engineered wood fibers  Fine gravel  Fine sand  Wood Chips  
 Medium gravel  Shredded tires  Other: \_\_\_\_\_
4. Is the depth of the playground surface at least six to nine inches?  Yes  No
- If no, explain: \_\_\_\_\_
5. Was the equipment installed been inspected by someone certified in playground safety?  Yes  No
6. How often are regular maintenance and routine inspections performed on equipment? At least:  
 Daily  Weekly  Monthly  Every other month  Quarterly  Semi annually
7. Does the center have playground equipment with a primary platform over 6 feet high and/or any apparatus over 8 feet high?  Yes  No

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**Section 7 - Vehicles**

1. Are your vehicles ever used to transport persons other than your center's children?  Yes  No
2. Do you provide transportation other than to/from school/field trips?  Yes  No
3. Are all vehicles on the vehicle schedule titled to or leased to the Named Insured?  Yes  No
4. What is the estimated average annual mileage per vehicle? \_\_\_\_\_

5. Do you allow drivers under the age of 21 to transport children?  Yes  No
6. Does the estimated percentage of personal use for each vehicle exceed 25%?  Yes  No
7. Auto Liability combined single limit: \$\_\_\_\_\_ UM property damage limit: \$\_\_\_\_\_
- Uninsured Motorist combined single limit: \$\_\_\_\_\_
- Underinsured Motorist combined single limit: \$\_\_\_\_\_ Medical payments limit: \$\_\_\_\_\_
- Personal Injury Protection coverage?  Yes  No
- Other than Collision deductible: \$\_\_\_\_\_ Collision deductible: \$\_\_\_\_\_
- Hired and Non-Owned auto coverage limit: \$\_\_\_\_\_

**Section 8 - Workers' Compensation**

Owner officer information:

1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Ownership %: \_\_\_\_\_
- Title: \_\_\_\_\_ Class: \_\_\_\_\_ Payroll: \$\_\_\_\_\_ Include:  Yes  No
- First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Ownership %: \_\_\_\_\_
- Title: \_\_\_\_\_ Class: \_\_\_\_\_ Payroll: \$\_\_\_\_\_ Include:  Yes  No
2. Payroll/Number of Employees:

Class Code	Description	Number of Employees	Payroll
	Day care employees		\$
	Clerical		\$
	Other		\$
		<b>Total Employees:</b> _____	<b>Total Payroll: \$</b> _____

3. Does the applicant own, operate or lease aircraft/watercraft?  Yes  No
4. Do employees travel out of state?  Yes  No
- If yes, what are the details? \_\_\_\_\_
5. Do you lease employees to or from other employers?  Yes  No
6. Any lapse in coverage?  Yes  No
- If yes, have any employees been working without coverage when coverage is required by law?  Yes  No
7. Is this a newly established business?  Yes  No
- If yes, have any employees been working without coverage when coverage is required by law?  Yes  No
- If yes, how many days have they been operating with employees? \_\_\_\_\_
8. What is the requested effective date: \_\_\_\_\_
9. Is the prior policy effective date's month and day different than this current policy?  Yes  No
- If yes, what's the date? \_\_\_\_\_

**Section 9 - Loss Information**

1. Have there been any losses in the last four years?  Yes  No
- If yes, please attach currently valued loss runs.

**Section 10 - Additional Interest (if any)**

- Additional Insured  Lienholder  Loss Payee  Mortgagee

Name and Address: \_\_\_\_\_

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**Fair Credit Report Act Notice:** Personal information about the applicant, including information from a credit or other investigative report, may be collected from persons other than the applicant in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by the insurer or the insurer's agents may in certain circumstances be disclosed to third parties without the applicant's authorization. Credit scoring information may be used to help determine either the applicant's eligibility for insurance or the premium the applicant will be charged. The insurer may use a third party in connection with the development of the applicant's score. The applicant has the right to review the applicant's personal information in the insurer's files and can request correction of any inaccuracies. A more detailed description of the applicant's rights and the insurer's practices regarding such information is available upon request. Contact the applicant's agent or broker for instructions on how to submit a request to the insurer.

**Fraud Warning:** Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

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### STATE FRAUD STATEMENTS

#### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

#### **Applicable in CO**

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

#### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### **Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### **Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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**Please send my insurance policy by:** E-mail (Be sure to complete the email address at the top of this application.)  
Please mail my policy. (Allow 7-10 business days.)

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for choosing Markel!**