

# Comprehensive Personal Liability

## DAY CARE SUPPLEMENTAL APPLICATION

This is an application for a claims made policy. Please read your policy carefully.

- Applicant: \_\_\_\_\_ Date: \_\_\_\_\_
- Address: \_\_\_\_\_
- Do any of the following exposures exist?

	Not Eligible:	Eligible:
a. Licensed Capacity _____	<input type="checkbox"/> Over 12	<input type="checkbox"/> 1-12
b. More than one Day Care loss in the last 3 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. A Day Care loss larger than \$10,000 in the last 3 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Animals or Pets (other than turtle, frog, guinea pig, rabbit, domestic rats, parakeet, canaries, cats and dogs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Dogs of the following breeds: Pit Bulls, Rottweilers, Dobermans, German Shepherds or Bull Mastiffs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. More than 12 field trips per year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Any actual or alleged incident regarding child molestation or abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Trampolines or gymnastic equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. You are required to be licensed and are not	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Your license has ever been suspended or revoked	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. You have a pool on the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Handicapped or retarded children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. Background checks waived for any employee(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 4. Limits of Liability Requested.

Limit Desired (check one)	Coverage G: Professional Liability Limit	Coverage H: Child Molestation or Abuse by your Employees Limit	Coverage I: Reimbursement of Costs where you are accused and Absolved of Molestation or Abuse Limit	Coverage J: Medical Expense Limit	Aggregate Annual Limit (per policy period)
<input type="checkbox"/>	A. \$300,000 per claim	\$100,000 per claim	\$10,000 per claim	\$5,000 any one person	\$600,000
<input type="checkbox"/>	B. \$500,000 per claim	\$100,000 per claim	\$10,000 per claim	\$5,000 any one person	\$1,000,000
<input type="checkbox"/>	C. \$1,000,000 per claim	\$100,000 per claim	\$10,000 per claim	\$5,000 any one person	\$2,000,000
<input type="checkbox"/>	D. \$2,000,000 per claim	\$100,000 per claim	\$10,000 per claim	\$5,000 any one person	\$4,000,000

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: 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 Fraud Statement:** 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.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 Fraud Statement:** 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 Fraud Statement: 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 Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent/Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

The State of New York requires that we have the Names and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker. \_\_\_\_\_

Address. \_\_\_\_\_

Mail Completed Application  
Through Local Agent or  
Broker to: