

BLOCK INSURANCE

Phone: 1-800-225-0863

Fax: 407-365-1862

Date: ___/___/___

Completed by: _____

Legal name of Business: _____

DBA _____

Mailing Address: _____ City: _____ State: _____ ZIP _____

Physical Address: _____ City: _____ State: _____ ZIP _____

COUNTY _____

Contact Person: _____

PHONE: _____ FAX: _____

E-MAIL _____

Entity: Corporation Partnership Sole Proprietorship LLC Other

Federal ID Number: _____ Years in Business: _____

Tax Liens or Bankruptcies in Last 5 Years? Yes No If yes, please explain _____

Owner Name: _____ Years Experience: _____

Director Name: _____ Years Experience: _____

Hours of Operation: _____ AM to _____ PM _____ # days per week _____ # months per year

If 24 hour care explain: _____

Loss/Claims History: None Description of Losses: _____

Cancellations: Yes No Reason for cancellation: _____

Current Carrier: _____ Premium _____ Renewal Date: _____

PROPERTY INSURANCE

Location 1 Address & County: _____

Owner Tenant Frame Masonry Non-Combustible/Steel

Building Value: \$ _____ Business Personal Property (Contents): \$ _____

Year Built: _____ # of Stories _____ Center is located on floor # _____ Square Footage: _____

Year Building Updates: Wiring _____ Roof _____ Plumbing _____ Air/Heat _____

Sprinklers: Yes No Central Station Alarm (name of company) _____

Is location designed for childcare? Yes No # Years at this Location: _____

Is location in a Private Home Church Commercial Bldg Converted Dwelling
 School Other _____

Loss of income limit \$ _____

Name & Address: Additional Insured, Loss Payee, Mortgage Holder, Landlord: _____

Left Exposure

Right Exposure

Rear Exposure

PROPERTY INSURANCE

Location 2 Address & County: _____

Owner Tenant Frame Masonry Non-Combustible/Steel

Building Value: \$ _____ Business Personal Property (Contents): \$ _____

Year Built: _____ # of Stories _____ Center is located on floor # _____ Square Footage: _____

Year Building Updates: Wiring _____ Roof _____ Plumbing _____ Air/Heat _____

Sprinklers: Yes No Central Station Alarm (name of company) _____

Is location designed for childcare? Yes No # Years at this Location: _____

Is location in a Private Home Church Commercial Bldg Converted Dwelling
 School Other

Loss of income limit \$ _____

Name & Address: Additional Insured, Loss Payee, Mortgage Holder, Landlord: _____

Left Exposure Right Exposure Rear Exposure

LIABILITY INSURANCE

Liability Limits: 500 / 1mil 1 mil / 1mil 1 mil / 2 mil 1 mil / 3 mil

Abuse/Molestation Limits: 500 / 1mil 1 mil / 1mil 1 mil / 2 mil

STUDENT ACCIDENT INSURANCE

Current Carrier: _____ Primary Exces Effective Date: _____

AUTO INSURANCE

Limits of: Auto Liability CSL: 300,000 500,000 1,000,000 Other
 Uninsured Motorist: 300,000 500,000 1,000,000 Other
 Medical Payments: 5,000 10,000
 Hired and Non-Owned Auto Limits: 300,000 500,000 1,000,000 Other
 Deductibles: Comprehensive 500 1,000 Collision 500 1,000

Vin #	Year	Make	Model	Seating	Phys Dmg
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver Name	Date of Birth	DL #		state	Married
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Do all children wear safety restraints? Yes No
 5. Are all drivers at least 23 years old? Yes No
 6. Are CDL's necessary to operate your autos? Yes No
 7. Does anyone (parent or employee) use their personal vehicle to transport children? Yes No
 If yes, please explain _____
 8. Please attach a drivers list: Name, Date of Birth, and License Number
 9. Hired and Non-Owned Auto Limits: 300,000 500,000 1,000,000 Other

Auto Loss Payee Names & Addresses

Vehicle 1: _____
 Vehicle 2: _____
 Vehicle 3: _____

STAFF

1. Do you have written procedures for recruiting and hiring? Yes No
 2. Please indicate which of the following are utilized in recruiting/hiring: Applications TB Test
 Contact References Pre-employment Interviews Pre-employment Physical Probationary Period
 Police/Background Checks # of days _____
 3. You do maintain complete personnel files? Yes No
 4. Do you discuss your abuse/corporal punishment policy during interview? Yes No
 5. Do you utilize volunteers other than parents? Yes No
 If yes, do your recruiting/hiring practices apply to the volunteers? Yes No
 6. Total number of employees, including owners and directors? _____

CHILDREN AND PROGRAMS

1. Avg. daily attendace? _____ 2. Licensed Capacity? _____
 3. # of children enrolled? _____ 4. # of Physically Handicapped Children? _____
 5. # of Emotionally Disturbed Children? _____ 6. # Children with Medical Problems? _____
 Explain _____
 7. # Children with difficult temperament? _____
 8. Age of youngest child in your care? _____ 9. Age of oldest child in your care? _____

	Infants	1 year	2 years	3 years	4 years	Afterschoolers
Number of Children						
NUMBER OF TEACHERS						
LOCATION 2	Infants	1 year	2 years	3 years	4 years	Afterschoolers
Number of Children						
NUMBER OF TEACHERS						

10. Do your after-school activities include freeplay and study time? Yes No
 11. Do you accept drop-in children? Yes No
 If yes, are they pre-enrolled with complete paperwork? Yes No
 12. Do you take field trips? Yes No
 12a. If yes, where _____
 12c. If yes, # per year? _____ Youngest age allowed to attend? _____ Max. distance? _____
 13. Field Trip Transportation? Center's Vehicles Walk Hire Bus City Bus
 Employee Vehicles Parents Vehicles
 14. If children are transported in any mode other than the center's vehicles, do you require proof of auto insurance from the drivers? Yes No
 Amt of Liability Insurance Required? _____
 Do you run Motor Vehicle Checks? Yes No
 15. What are you field trip procedures? Name tags Same Color T-shirts Other
 16. Is roll taken before, during, and when leaving on a trip? Yes No
 17. Do you transport children to and/or from school? Yes No
 18. Do you transport children to and from home? Yes No
 19. You do have procedures in place to be sure children are not left behind or in vehicles? Yes No
 20. Are any special courses taught (i.e. dance, gymnastics (no equipment), karate (no contact)) Yes No
 If so, please describe _____
 21. Are any of these courses taught by independent contractors? Yes No
 If so, do you require proof of insurance, both Liability & Workers Compensation? Yes No
 22. Has license ever been revoked or issued with contingencies? Yes No
 If yes, please explain _____

PLAYGROUND AND FENCE

1. Describe type and height of fence: _____
 2. Describe types of playground equipment: _____
 3. What is the highest height a child can climb? _____
 4. Is your playground divided by groups and are they age appropriate? Yes No
 5. Can younger children access equipment appropriate for after-schoolers? Yes No
 6. Do you have any size trampoline? (Including small round exercise types) Yes No
 7. Playground material in fall zones? Mulch Rubber Mat Sand Other
 8. Do you check the playground equipment and grounds daily for safety? Yes No
 9. Are after-schoolers allowed to play on playground with younger children? Yes No

GENERAL OPERATIONS

1. Do you inspect the interior of your facility daily for safety hazards? Yes No
2. Please indicate cooking equipment used Microwave Household Stove Commercial Cooking Range
 Ansuled? Yes No
3. Are children kept out of cooking areas by Door Gate Other _____
4. How are baby bottles heated? Tap Water Bottle Warmer Stove Microwave
 Crock Pot in Kitcher Crock Pot in Infant Room
- Are cords and access to these items completely safe for children? Yes No
5. Do you have animals/pets at the center? Yes No
 If so, please explain types and safety measures _____

EMERGENCY PLANNING

1. Do you isolate a sick child, contact the parent and send them home? Yes No
2. Do you provide sick child facilities? Yes No
 If yes, please explain _____
3. Is medication distributed? Yes No
 If yes, are instructions provided by medication consent form? Yes No

SWIMMING

1. Do you involve children in swimming activities? Yes No
 If yes, do you have a pool on premise? Yes No
2. Do you take children to off premise water? Public Pool Private Pool Beach
 Lake Water Park
3. If lake or beach, how do you control children in the water? _____
4. Is pool fenced? Yes No
5. Does fence have self closing/locking gate? Yes No
6. Are depth marks on the side of the pool? Yes No
7. Do you use diving boards or slides? Yes No
8. Do you get a certificate of insurance from pool owner? Yes No
9. Do you get a permission slip from parents? Yes No
10. Does the permission slip include a hold harmless clause? Yes No
11. What is the max. depth of the pool? _____
12. What type of pool? Wading Pool Above Ground Pool In Ground Pool Cement
 Plastic Other _____
13. If the pool is off premise s, how many life guards are on duty? _____
14. Is the use of pool Free Swim Instruction _____
15. Are others in the pool at the same time as your children? Yes No
16. What is the age of the youngest child allowed in the pool? _____
- 16a. Youngest allowed to free swim must be 6**