

CHERRY CREEK

INSURANCE AGENCY

5660 Greenwood Plaza Blvd, Suite 500 Greenwood Village, CO 80111
P: 303.799.0110 F: 303.799.0156

Center Name: _____ Email Address: _____

Location Address: _____

Contact Name & Title: _____ Phone #: _____

Business Type: Individual ____ Corp ____ Partnership ____ LLC ____ Other ____ Not-For Profit ____

Owner Name & Years Experience _____ Director & Yrs Experience _____

What year did facility open? _____ # of years under current ownership _____

Current carrier: _____ Expiration date: _____

Have you had any bankruptcies, tax or credit liens against you in the last 5 years? **Yes No**

Operations:

1. The center is licensed as a: Childcare Center ____ School ____ In Home ____ Not Licensed ____

2. The center is located in a: Private home ____ Church/Religious facility ____ Separate Building ____
School ____ Other _____

3. Check programs offered: Infant Care ____ Preschool ____ Before & After ____ Summer Camp ____

4. Is the center accredited? **Yes No**
By whom? _____

5. License Capacity _____

6. Average Daily Attendance _____

7. What are your annual receipts/tuition? \$ _____

8. Please provide the following information on staffing and children:

Age Group	Number of Staff	Number of Children
0 to 12 mos		
1 year olds		
2 year olds		
3 year olds		
4 year olds		
5 year olds		
6 years and up		
	Total:	Total:

9. Has the centers license ever been suspended or revoked? **Yes No**

If yes, please explain: _____

10. Has the center ever had any allegations of abuse or molestation? **Yes No**
 If yes, please explain: _____
11. Which of the following are used as a part of your employment screening process? (check all that apply)
 Background check ____ Fingerprint check ____ Personal References ____ Prior Employment ____
 MVR check ____ Criminal Record Investigation ____ Employment Application ____
12. Is there any staff under 18 years old? **Yes No**
 If yes, describe duties: _____
13. The center is open for operation: _____ hours per day; _____ days per week; _____ months per year
 Are there any special hours of operations offered? _____
14. Do you keep children overnight? **Yes No**
15. Do you handle any "special needs" children? If yes, how many _____ **Yes No**
 Describe needs: _____
16. How many "drop-in" children do you accept on a weekly basis? _____
17. Do you require enrollment forms for all "drop-in" children? **Yes No**
18. Are any special classes taught? (Team sports, dance, gymnastics, karate, computer, etc) **Yes No**
 Describe: _____
19. Are certificates of insurance required for any sub-contracted work/special classes? **Yes No**
20. List all pets on premise: _____
 What safety procedures are in place? _____

Property:

21. What year was the building built? _____
22. What is the total square feet? _____
23. What is the construction type? (frame, brick, etc) _____
24. Is the building equipped with a sprinkler system? _____
25. Is there a burglar alarm? _____ Through what service? _____
26. Is there a fire alarm installed? _____ Through what service? _____
27. What is the building value/reconstruction cost? _____
28. What is the contents value? _____

Playground:

29. Is the playground fenced? **Yes No**
30. Is there a self-closing gate? **Yes No**
31. What is the maximum height of the playground equipment? _____
32. What type of ground cover is used under the equipment? _____
33. How often is the equipment and ground cover maintained? _____

Field Trips:

34. Are field trips taken? **Yes No**
35. Destinations: _____
36. Frequency: _____ trips per year
37. Maximum distance traveled? _____
38. Minimum age allowed on field trips: _____
39. Describe all overnight field trips: _____

Swimming:

40. Does the center utilize swimming facilities? **Yes No**
41. Describe facilities utilized (check all that apply)
- Pool on premise ____ Private pool ____ Public pool ____ Water Parks ____
42. Minimum age of children allowed in water: _____
43. Staff to child ratio while swimming? Under 6 years _____ Over 6 years _____

Automobile:

44. Does the center own any vehicles? **Yes No**

Year	Make	Model	Vin

45. Are vehicles titled to the center? **Yes No**
46. Do you have a written maintenance program in place? **Yes No**
47. Do you provide regular transpiration for children? **Yes No**
48. Do you pick up or drop off children from their homes? **Yes No**
49. Do any employees use their personal vehicles for business errands? **Yes No**
50. Does the center require proof of liability insurance from employees? **Yes No**
51. Are MVRs run on pre-hire and annually on all employees? **Yes No**

52. Please provide driver information

Driver Name	Date of Birth	Drivers License #	State

Workers Compensation:

Yes No

53. Do you carry workers compensation coverage?

54. Number of full time employees: _____

55. Number of part time employees: _____

56. Estimated annual payroll: _____

57. FEIN: _____

58. UTR: _____

59. Please provide the following ownership information:

Owner Name	% Ownership	Include or Exclude?

This application requires the following attachments:

- Copy of child care license
- Prior loss experience (claims history)
- Pictures of building and playground
- If business is less than 2 years old
 - o Copy of business plan
 - o Resumes for director and/or owner

This information provided in this application is understood to be true and correct to the best of applicant's knowledge and belief. The undersigned authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Insured Signature: _____

Title: _____

Date: _____