



# Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services  
2019 E Lamar Blvd, Suite 100  
Arlington, TX 76006  
817-277-6100 Phone  
817-261-7514 Fax



## Childcare Application

### BASIC INFORMATION

All Named Insureds \_\_\_\_\_

Loss Control Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is there at least 51% common ownership between all entities? ..... Yes No

Mailing address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Loc 1 address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Loc 2 address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Loc 3 address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Website Address \_\_\_\_\_

Type of Entity: Individual Partnership Corporation Joint Venture

Are you a "non profit" entity? ..... Yes No

Date business started under current ownership \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposed Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Proposed Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Carrier \_\_\_\_\_

Is this policy being non-renewed? ..... Yes No

Expiring Premium: GL \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Prop \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Auto \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

List all losses in the last five years:

Date of Claim	Line of Business	Description of Claim	Open/Closed	Paid	Reserve
____/____/____	_____	_____	<input type="checkbox"/> O <input type="checkbox"/> C	____,____,____	____,____,____
____/____/____	_____	_____	<input type="checkbox"/> O <input type="checkbox"/> C	____,____,____	____,____,____
____/____/____	_____	_____	<input type="checkbox"/> O <input type="checkbox"/> C	____,____,____	____,____,____
____/____/____	_____	_____	<input type="checkbox"/> O <input type="checkbox"/> C	____,____,____	____,____,____

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

If yes, please explain \_\_\_\_\_

### GENERAL INFORMATION

- Are you a member of: NCCA NECPA Other Describe \_\_\_\_\_
- Are you licensed as a: Location 1 Center School In Home Nursery Parent Co-op  
Location 2 Center School In Home Nursery Parent Co-op  
Location 3 Center School In Home Nursery Parent Co-op
- What is your licensed Capacity: Location 1: \_\_\_\_\_ Location 2: \_\_\_\_\_ Location 3: \_\_\_\_\_  
Please attach a copy of your current license per location.







**Childcare Application**

**ENRICHMENT CLASSES/EDUCATION**

19 Describe all special classes available to the children (i.e.: team sports, dance, gymnastics, karate, computer, etc)

Location 1 \_\_\_\_\_

Location 2 \_\_\_\_\_

Location 3 \_\_\_\_\_

20 Are these classes taught by someone other than you or your employees? ..... Yes No

21 If Yes, are certificates of insurance obtained from the instructor? ..... Yes No

**PETS**

22 List all pets on premises

Location 1 \_\_\_\_\_

Location 2 \_\_\_\_\_

Location 3 \_\_\_\_\_



23 Describe procedures in place for safe handling of all pets:  
\_\_\_\_\_

**DROP IN CARE**

24 How many "drop-in" children do you accept on a daily basis: Location 1: \_\_\_\_\_ Location 2: \_\_\_\_\_ Location 3: \_\_\_\_\_

25 Do you require enrollment forms for all "drop-in" children? ..... Yes No

**BOTTLE WARMING PROCEDURES**

26 What device do you use to warm baby bottles:

Location 1 \_\_\_\_\_

Location 2 \_\_\_\_\_

Location 3 \_\_\_\_\_

27 Are cords on these devices and outlets out of reach of all children? ..... Yes No

28 Describe your procedures in place at all locations to prevent children from being burned by overheated bottles:  
\_\_\_\_\_

**ACTIVITIES**

29 Describe all water and swimming activities per location (check all that apply):

No water activities of any kind    Location 1     Location 2     Location 3

Pool on premise    Location 1     Location 2     Location 3

Public Pool    Location 1     Location 2     Location 3

Private Pool    Location 1     Location 2     Location 3

Lake    Location 1     Location 2     Location 3

Ocean    Location 1     Location 2     Location 3

Water Park    Location 1     Location 2     Location 3

Other    Location 1     Location 2     Location 3

Describe "other"  
\_\_\_\_\_





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- 30 What is the age of the youngest child allowed to have swimming lessons? Location 1: \_\_\_\_\_ Location 2: \_\_\_\_\_ Location 3: \_\_\_\_\_
- 31 What is the age of the youngest child allowed to free swim? Location 1: \_\_\_\_\_ Location 2: \_\_\_\_\_ Location 3: \_\_\_\_\_
- 32 Do you have one staff member for every four children under the age of six?  
Location 1  Yes  No      Location 2  Yes  No      Location 3  Yes  No
- 33 Do you have one staff member for every ten children who are six and over?  
Location 1  Yes  No      Location 2  Yes  No      Location 3  Yes  No
- 34 Are the children ever permitted to use diving boards, water trampolines or water slides:  
Location 1  Yes  No      Location 2  Yes  No      Location 3  Yes  No
- 35 If you have a pool on premises, describe any use of the pool by "other than center children":  
Location 1 \_\_\_\_\_  
Location 2 \_\_\_\_\_  
Location 3 \_\_\_\_\_



## SEXUAL ABUSE INFORMATION

- 36 Does your employment application include questions regarding convictions of any crimes, including sex-related or child abuse offenses.  
Location 1  Yes  No      Location 2  Yes  No      Location 3  Yes  No
- 37 Do you conduct criminal background investigations on all employees and volunteers  
Location 1  Yes  No      Location 2  Yes  No      Location 3  Yes  No  
If not, explain why: \_\_\_\_\_
- 38 Your employee background checks include:  Criminal Background Investigation     Personal References  
 Police Record Checks     Physical Exams     Emotional Check     Personal Interview
- 39 Describe any incidents or allegation of sexual or physical abuse  
\_\_\_\_\_

40 Was a claim made against you?  Yes  No What was the claim settlement? \_\_\_\_\_

## PROPERTY LIMITS AND COVERAGE

Loc #	Bldg #	Subject of Insurance	Limit of In	Coin %	Valuation		Deduct.	Sprinklered		Alarm Type*			
					<input type="checkbox"/> RC	<input type="checkbox"/> AVC		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> L
_____	_____	_____	_____,_____,_____	_____	<input type="checkbox"/> RC	<input type="checkbox"/> AVC	_____,_____,_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> L
_____	_____	_____	_____,_____,_____	_____	<input type="checkbox"/> RC	<input type="checkbox"/> AVC	_____,_____,_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> L
_____	_____	_____	_____,_____,_____	_____	<input type="checkbox"/> RC	<input type="checkbox"/> AVC	_____,_____,_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> L
_____	_____	_____	_____,_____,_____	_____	<input type="checkbox"/> RC	<input type="checkbox"/> AVC	_____,_____,_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> L
_____	_____	_____	_____,_____,_____	_____	<input type="checkbox"/> RC	<input type="checkbox"/> AVC	_____,_____,_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> L
_____	_____	_____	_____,_____,_____	_____	<input type="checkbox"/> RC	<input type="checkbox"/> AVC	_____,_____,_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> L

\*Alarm Types: (B) Burgler, (F) Fire, (C) Central Station, (L) Local

### Exposure & Distance:

Loc. 1: Right Exp. \_\_\_\_\_ Right Dist. \_\_\_\_\_ Left Exp. \_\_\_\_\_ Left Dist. \_\_\_\_\_ Rear Exp. \_\_\_\_\_ Rear Dist. \_\_\_\_\_  
 Loc. 2: Right Exp. \_\_\_\_\_ Right Dist. \_\_\_\_\_ Left Exp. \_\_\_\_\_ Left Dist. \_\_\_\_\_ Rear Exp. \_\_\_\_\_ Rear Dist. \_\_\_\_\_  
 Loc. 3: Right Exp. \_\_\_\_\_ Right Dist. \_\_\_\_\_ Left Exp. \_\_\_\_\_ Left Dist. \_\_\_\_\_ Rear Exp. \_\_\_\_\_ Rear Dist. \_\_\_\_\_





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Loc #	Bldg #	Yr. Built	Total Area Sq. Feet	Constr.*	Stories	Updates if Bldg Over 30 Yrs. Old
---	---	___/___/___	____,____	_____	---	_____
---	---	___/___/___	____,____	_____	---	_____
---	---	___/___/___	____,____	_____	---	_____
---	---	___/___/___	____,____	_____	---	_____
---	---	___/___/___	____,____	_____	---	_____

\* Construction: (F) Frame, (JM) Joisted Masonry, (NC) Non-Combustible, (MN) Masonry Non-Combustible, (MF) Modified Fire Resistant, (FR) Fire Resistant

41 Are you located in: P=Private dwelling, B=Seperate building, C=Church, CD=Converted dwelling, S=School, or O=Other

Please define by circling the appropriate response or describing "other"

Location 1 \_\_\_\_\_ Other \_\_\_\_\_

Location 2 \_\_\_\_\_ Other \_\_\_\_\_

Location 3 \_\_\_\_\_ Other \_\_\_\_\_

42 If your operations are in a private home or a converted dwelling:

How many individual reside at this location? Location 1: \_\_\_\_\_ Location 2: \_\_\_\_\_ Location 3: \_\_\_\_\_

Do the children have a separate entrance/exits: Location 1  Yes  No Location 2  Yes  No Location 3  Yes  No

Do the children have access to your living area: Location 1  Yes  No Location 2  Yes  No Location 3  Yes  No

If your operations are in a converted dwelling, what was the date of the conversion:

Location 1: \_\_\_/\_\_\_/\_\_\_ Location 2: \_\_\_/\_\_\_/\_\_\_ Location 3: \_\_\_/\_\_\_/\_\_\_

Additional comment or requests:

An Acord Application is required for Crime, EDP, and Glass

### ADDITIONAL INTERESTS - PROPERTY

Loc #	Bldg#	Name / Address / City / ZIP	Insurable Interest (i.e. mortgage, loss payee)
---	---	_____/_____/_____/____	_____
---	---	_____/_____/_____/____	_____
---	---	_____/_____/_____/____	_____
---	---	_____/_____/_____/____	_____

### GL LIMITS AND COVERAGE

General Liability Limits Desired:	General Aggregate	____,____,____
	Products & Completed Operations Aggregate	____,____,____
	Personal & Advertising Injury	____,____,____
	Each Occurrence	____,____,____
	Fire Damage Legal Liability	____,____,____
	Medical Expense	____,____,____
Employee Benefits Limits Desired:	Aggregate	____,____,____
	Occurrence	____,____,____
	Retro date	____,____,____





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### Classifications:

Loc #	Class	Class Description	Exposure	(Circle One) Prem Basis*
---	---	_____	_____	---
---	---	_____	_____	---
---	---	_____	_____	---
---	---	_____	_____	---
---	---	_____	_____	---
---	---	_____	_____	---

\*Prem Basis (Circle One): S=Sales, U=Per unit or child, A=Area

### 43 Your center is open:

Location 1: Hours per day \_\_\_\_\_ Days per week \_\_\_\_\_ Months per year \_\_\_\_\_  
 Location 2: Hours per day \_\_\_\_\_ Days per week \_\_\_\_\_ Months per year \_\_\_\_\_  
 Location 3: Hours per day \_\_\_\_\_ Days per week \_\_\_\_\_ Months per year \_\_\_\_\_



### 44 Describe any special hours of operation by location: \_\_\_\_\_

### 45 Describe any services you provide to children with special needs: \_\_\_\_\_

### 46 Describe the qualifications of the care giver who provides this service: \_\_\_\_\_

Additional comment or requests: \_\_\_\_\_

## ADDITIONAL INTERESTS - GENERAL LIABILITY

Loc #	Bldg#	Name / Address / City / ZIP	Insurable Interest (i.e. mortgage, loss payee)
---	---	_____ / _____ / _____ / _____	_____
---	---	_____ / _____ / _____ / _____	_____
---	---	_____ / _____ / _____ / _____	_____
---	---	_____ / _____ / _____ / _____	_____

## AUTOMOBILE - Requires an Acord Auto application to be completed

### 47 Your Federal Employment Identification Number \_\_\_\_\_

### 48 Do you provide transportation of children between: (check all that apply)

Your center and the children's school    Location 1     Location 2     Location 3   
 Your center and the children's home    Location 1     Location 2     Location 3   
 Your center and field trip locations    Location 1     Location 2     Location 3   
 Other    Location 1     Location 2     Location 3



Describe "other" \_\_\_\_\_

### 49 Describe the controls you have in place to prevent a child from being left on your vehicle: \_\_\_\_\_

50 Are your vehicles ever used to transport persons other than your center's children? .....  Yes  No  
070704-1





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### FRAUD WARNINGS

**GENERAL FRAUD STATEMENT** (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont) Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

**NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: 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.

**NOTICE TO UTAH APPLICANTS:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

For Florida Applicants only: Agent's Name: \_\_\_\_\_ FL License Number: \_\_\_\_\_

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Title \_\_\_\_\_

Producers' Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

