



PROFESSIONAL and GENERAL LIABILITY APPLICATION CHILD DAY CARE CENTER (Edition 06.2026)

Section 1: Applicant Information

1. Applicant Name: _____
2. Mailing Address: _____
3. Location Address: _____
(If multiple locations exist, please complete a separate application for each location)
4. Telephone Number: _____ Website: _____ Date Established: _____

Section 2: Coverage Requested

5. Effective Date: _____
Liability Limits: \$ _____ / \$ _____
Deductible: \$ _____

Section 3: Financial Information and Operations

6. Gross Receipts (Past 12 Months): \$ _____
7. Estimated Gross Receipts (Next 12 Months): \$ _____
8. Does the applicant have any ancillary operations not stated above? ☐ Yes ☐ No
If Yes, please provide details: _____
If Yes, does the applicant maintain separate professional and general liability coverage for these operations with limits equal to or greater than those specified in Section 2 of this application? ☐ Yes ☐ No
9. Is the applicant engaged in, owned by, associated with, or controlled by any other businesses? ☐ Yes ☐ No
If Yes, please provide details: _____
If Yes, does the applicant maintain separate professional and general liability coverage for these operations with limits equal to or greater than those specified in Section 2 of this application? ☐ Yes ☐ No
10. Business Type:
a) ☐ Corporation ☐ Individual ☐ LLC ☐ Partnership ☐ Other: _____
b) ☐ For Profit: ☐ Non-Profit
c) ☐ Commercial Day Care ☐ Drop-off Care ☐ Overnight Care ☐ In-Home Day Care
☐ Day Camp ☐ Summer Camp ☐ Overnight/Sleepaway Camp

Section 4: Facility Details

11. Is the facility licensed by the state? ☐ Yes (Please attach a copy of the license)
☐ No (Please explain _____)
12. Has the license ever been revoked? ☐ Yes (Please explain _____)
☐ No
13. Years of doing business under current name: _____ Years of Experience: _____
14. Please provide the facility's days and hours of operation: _____
15. Full description of services provided: _____



16. Please specify the type of building where the day care operates:

☐ Commercial ☐ Private Residence ☐ Church ☐ School ☐ Other (Explain): _____

17. a) Maximum # of children allowed by license: _____ b) Average # of children that attend daily: _____

18. Breakdown by percentage of types of children attending the facility:

Well Children: _____% Developmentally Disabled: _____%

Special Needs _____% Other (describe): _____

Section 5: Staffing

19. a) Based on the maximum # of children shown on Q17, provide the breakdown of total staff to total number of children by age:

Age Group	# of Children	# of Children Daily	# of Attendants	% Male Attendants
Infant (Ages 0-12 months)				
Toddlers (Ages 1-2)				
Toddlers (Ages 2-3)				
Preschoolers (Ages 3-5)				
School age children (Ages 6+)				
Total				

b) TOTAL number of employees: _____ Number of Full-time: _____ Number of Part-time: _____

c) Are all individuals listed in Question 19 who are subject to state or federal licensing requirements properly licensed? (If No, attach explanation) ☐ Yes ☐ No

20. Are any independent contractors used in the operation of the child day care center? ☐ Yes ☐ No

If Yes, please provide a detailed description of their roles and services: _____

a) Are you seeking coverage under this proposed insurance for the independent contractors? ☐ Yes ☐ No

b) If No, is coverage at equal or greater limits maintained by each independent contractor? ☐ Yes ☐ No

Section 6: Employee Screening / Controls

21. a) Do you conduct pre-employment screening and investigation? ☐ Yes ☐ No

b) Do you have a written incident/occurrence reporting policy and procedures? ☐ Yes ☐ No

22. Check all the following that are collected, verified, and maintained for each staff member during the hiring process:

☐ Applications/Resumes ☐ Criminal Background Checks ☐ Reference Checks
☐ Drug Testing ☐ Education/Training/Competence ☐ Sex Abuse Registry Checks

23. Is the applicant accredited, certified, licensed, or a member of any professional association or governing body? ☐ Yes ☐ No

If Yes, describe: _____

Section 7: Safety and Security

24. Is there a minimum of 2 functional exits at each location? ☐ Yes ☐ No



25. Does the child day care center exit directly to the outside? ☐ Yes ☐ No
26. Please indicate all precautions currently in place to prevent the release of a child to unauthorized individuals.
☐ Sign-Out Sheet ☐ ID Verification ☐ Guardian Confirmation for Unfamiliar Individuals
27. Indicate all safety equipment located on premises:
☐ Smoke Detectors ☐ Lighted Exit Signs ☐ Fire Extinguishers
☐ Sprinklers ☐ Child Safety Equipment ☐ Fire Alarms
28. Are all the above inspected annually? ☐ Yes ☐ No
29. Do you control:
- a) Entry to premises? ☐ Yes ☐ No
- b) Exit from premises? ☐ Yes ☐ No
- c) Is an entry code required to activate doors for both entry and exit? ☐ Yes ☐ No
30. Are emergency exits clearly marked? ☐ Yes ☐ No
31. Do you have a written emergency evacuation plan in place?
If Yes, how frequently are drills conducted?
☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other (Please specify): _____
32. Do the bathroom doors lock? ☐ Yes ☐ No If Yes, can they be locked from the outside? ☐ Yes ☐ No
33. Are doors equipped with pinch guards to prevent fingers from getting caught? ☐ Yes ☐ No
34. Are there outdoor play areas? ☐ Yes ☐ No
- a) If Yes, is it fenced? ☐ Yes ☐ No
- b) Are there any trampolines, rock climbing walls, moon bounces or similar devices on the premise? ☐ Yes ☐ No
- c) Describe ground cover of the play area:
☐ Glass ☐ Dirt ☐ Sand ☐ Concrete ☐ Rock ☐ Blacktop ☐ Wood Chips ☐ Rubber ☐ Other: _____
35. Are there swimming pools, wading pools, or other water hazards? ☐ Yes ☐ No
36. Are there any animals on premises? ☐ Yes ☐ No
If Yes, do children have access to animals? ☐ Yes ☐ No
37. Are there off-premises field trips? ☐ Yes ☐ No
- a) If Yes, how many per year? _____ b) Any overnight trips? _____

Section 8: Medical / Recordkeeping

38. a) Are medications administered by the staff? ☐ Yes ☐ No
- b) Are all medications kept in a locked area? ☐ Yes ☐ No
- c) Does the applicant provide any type of transportation for children? ☐ Yes ☐ No
- d) Does the applicant have formal written procedures for the following:
- Student Records ☐ Yes ☐ No
- Medications and Emergency Contacts ☐ Yes ☐ No
- e) Infant and special needs children supervision ☐ Yes ☐ No
- f) Handling food allergies ☐ Yes ☐ No
- g) Employee records (Kept for a minimum of 3 years) ☐ Yes ☐ No



39. Will any employees, volunteers, or independent contractors have one-on-one interactions that take place privately? (If Yes, please explain) _____ ☐ Yes ☐ No
40. Does the applicant confirm that staff are never alone with minors (under the age of 18) behind closed doors or in a private setting? (If No, please explain) _____ ☐ Yes ☐ No
41. Has there been a state inspection, survey, or review of the facility? ☐ Yes ☐ No
- List any deficiencies and corrective actions in the past three years: _____

Section 9: Regulatory and Inspection

42. Disclosure of Disciplinary or Legal History:

Attach a detailed explanation for any **YES** answers below:

Has the applicant or have any of the employees:

- a) Ever been subject to disciplinary or investigative proceedings or reprimand by a governmental or administrative agency, hospital, or professional association? ☐ Yes ☐ No
- b) Ever been convicted of any act committed in violation of any law or ordinance (other than traffic offenses)? ☐ Yes ☐ No
- c) Ever been treated for alcoholism or drug addiction? ☐ Yes ☐ No
- d) Ever had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused, accepted only on special terms, or voluntarily surrendered? ☐ Yes ☐ No

Section 10: Insurance History

Currently valued loss runs for all prior coverage are required.

43. Professional Liability Coverage – Last 5 Years: (If none, state none)

Carrier	Limit	Deductible	Premium	Expiration (MM/DD/YYYY)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a **claims-made** policy, provide retroactive date: _____

44. General Liability Coverage – Last 5 Years: (If none, state none)

Carrier	Limit	Deductible	Premium	Expiration (MM/DD/YYYY)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a **claims-made** policy, provide retroactive date: _____

Section 11: Claims and Incidents

45. Has any insurer canceled or refused to renew similar insurance in the past 5 years?
(If Yes, attach details) ☐ Yes ☐ No
46. Has any claim been made against the insured or its employees that would be covered by this policy in the past 5 years?
If Yes, please attach a completed Huntersure Claims Supplement (one for each claim or incident reported) ☐ Yes ☐ No
47. Is the applicant aware of any circumstances that may result in a claim against the insured or its employees that would be covered under this policy? (If Yes, attach details) ☐ Yes ☐ No

Signature and Attestation

Application for Claims-Made Professional Liability Insurance

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

FOR KENTUCKY RISKS: 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 act, which is a crime.

ELECTRONIC SIGNATURE: If the application is e-signed, it must be accompanied by the verification page or proof that it was securely e-signed along with the date, time stamp, and originating email address.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Application must be signed by the owner or president or principal)