



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: Basic Information

1. Name of Insured:		2. DBA:	
3. Mailing Address:			
4. Website Address:		5. Email Address:	
6. Primary Contact:		Phone:	Fax:
7. Loss Control Contact:		Phone:	Email:
8. Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other:			
9. Desired Effective Date:			

Section 2: Business Information

1. Date business started under current ownership:
If you have been in business less than 3 years include a copy of your resume, financials or a bank letter of credit.
2. Do you conduct criminal background investigations on all employees and volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
3. Do you have a formal, documented Abuse policy in place including regular staff training on reporting incidents, identifying symptoms or signs of abuse, and a minimum of two staff present at all times with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
If yes, does the abuse policy include regular staff training on reporting incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the abuse policy include training on identifying symptoms or signs of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you offer more than 12 field trips annually? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the average number of field trips each year for all locations?
Are any field trips overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No



Section 3: Liability Information (A copy of this page required for each location)

General Liability limits of \$1,000,000 / \$3,000,000 will be quoted. Lower limits are available upon request.

1. Abuse Liability Limit (choose one): [] \$1,000,000 / \$1,000,000 [] \$500,000 / \$1,000,000 [] \$500,000 / \$500,000 [] \$100,000 / \$300,000

2. [] Employee Benefits Liability limits of \$1,000,000 / \$3,000,000 will be quoted if requested. Lower limits are available upon request.

Retro Date: Total # of Employees:

3. Stop Gap Limit (Available in ND, OH, WA, WY only) (choose one): [] N/A [] \$1,000,000 / \$1,000,000 / \$1,000,000 [] \$500,000 / \$500,000 / \$500,000 [] \$100,000 / \$500,000 / \$100,000 Total Payroll:

4. Is this location a For-Profit or Not-For-Profit Organization? [] For Profit [] Not For Profit

5. Describe the operations at this location: [] Childcare Center [] Before/After Childcare [] Montessori [] Headstart [] PreK Nursery Childcare [] Drop In Childcare [] Sick Childcare Explain care provided:

6. Which best describes the building you occupy? [] Basement in residence [] Multiple Occupancy Building [] Church Building [] Converted Dwelling [] Single Occupancy Building [] Strip Mall [] School Building [] Other:

7. Do any of the following apply to this location? Check all that apply: [] Building Leased to Others

Is this building maintained by the insured? [] Yes [] No

[] Office Square Footage: Is this building maintained by the insured? [] Yes [] No

[] Vacant Land # of acres: [] Warehouse (Separate from Childcare) Sq. Footage:

Type: [] Private [] Mini Warehouse [] Other:

8. Are all childcare operations at this location licensed? [] Yes [] No

(If yes, complete the licensing supplemental and provide a copy of your license)

If no, explain: Non-Licensed Childcare Average Daily Attendance:

9. Are your hours of operation more than six hours a day? [] Yes [] No

10. Do you provide overnight care? [] Yes [] No (If yes, complete the Overnight Care section)

11. What is your average daily number of infants (18 months and younger)?

12. Are children with special needs cared for at this location? [] Yes [] No

13. Is there a swimming pool on premise? [] Yes [] No (If yes, complete the Water Activities Supplemental)

14. Are any swim or water activities provided at any off-premises pools, oceans, lakes or water parks? [] Yes [] No (If yes, complete the Water Activities Supplemental)

15. Is there a playground at this location? [] Yes [] No (if yes, complete the Playground Supplemental)



Section 4: Property Information (A copy of this page required for each location)

1. Location #		Building #		
Location Address:				
2. Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000				
3. Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%				
4. Is the building you occupy built specifically for childcare operations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Year Built: _____ If building is over 20 years old, has the building been updated (including roof and plumbing) within the past 20 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please explain:				
5. Do you own the building at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No			Number of Stories:	
6. Is the building Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Building Square Footage:		
8. Is this structure a trailer, modular or prefabricated building? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Coverage	Limit	Valuation (RC or ACV)	Construction	Occupancy
Building				
Personal Property of the Insured				
Tenants Improvements & Betterments				
Business Income			N/A	
Fence				N/A
Sign				N/A
Playground Equipment				N/A
Awning or Canopy				N/A
9. Does a separate Business Income Coinsurance apply? <input type="checkbox"/> Yes <input type="checkbox"/> No Coin %				
10. Business Income Monthly Limit of Indemnity: <input type="checkbox"/> None <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6				
11. Is this location adjacent to potentially hazardous exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, describe:				
Name:		Address:		
Interest is: <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Building Owner <input type="checkbox"/> Other:				
Name:		Address:		
Interest is: <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Building Owner <input type="checkbox"/> Other:				

Section 5: Licensing Supplemental (A copy of this page required for each location)

1. Location #

Location Address:

2. Expiration Date of License:

Is the license currently suspended or revoked? Yes No

3. Licensed Capacity:

4. Average Daily Attendance (based on 12 months):

5. Date of the most recent state inspection :

6. Are there any citations for any violations in the most recent state inspection? Yes No

If yes, Please indicate the type of State Inspections Violations that apply to the most recent inspection

Background Checks: Yes No

Child to Staff Ratios: Yes No

Fire Drills: Yes No

Playground Cover: Yes No

Inappropriate Discipline of Children: Yes No

Transportation: Yes No

Any other violation which may result in the harm of a child: Yes No

If you answered yes to any of the above, explain each violation and provide corrective action taken:

Section 6: Playground Supplemental

1. Does the facility have its own play area? Yes No

Is the play area fenced? Yes No

2. Please indicate the type of surface under the permanently installed play equipment over 18 inches high: Asphalt Cement Course Sand Double Shredded Mulch Engineered Wood Fibers Fine Gravel Fine Sand Medium Gravel Shredded Tires Wood Chips Other:

3. Is the depth of the playground surface at least six-nine inches? Yes No

If no, please explain:

4. Was the equipment installed by, or has it been inspected by, someone certified in playground safety? Yes No

5. How often are regular maintenance and routine inspections performed on the equipment? At least: Daily Weekly Monthly Every Other Month Quarterly Semi Annually Annually

6. Does the center have playground equipment with a primary platform over 6 feet high and/or any apparatus over 8 feet high? Yes No

Section 7: Water Activities Supplemental

1. Off Premises On Premises N/A

2. Please select any types of “off premises” water exposure that apply: Public Pool Private Pool
 Wading Pool (defined as any pool with normal depth of 18 inches or less) Lake Ocean
 Waterpark - Number of trips to the water park per year:

Do you maintain the same Staff/Child ratio on trips as you do in the classroom? Yes No

Provide complete details including frequency and minimum age:

3. **For “on premises” swimming pools:** # of pools (do not include wading pools with depth under 18”):

Use of Pool: Operated year round Operated less than 12 months

If operated less than 12 months, how many months is the pool used?

3 months or less More than 3 months

If operated less than 12 months, what is the percentage of supervised activities?

More than 40% 40% or less

Are all swimming pools and in-ground wading pools completely fenced with at least a four foot fence with self-locking gates? Yes No

Do all pool drains and grates have covers in place and are they in compliance with Graeme Baker Act?

Yes No

4. **For all water activities:** Are all activities staffed with certified life guard(s)? Yes No

Is the Staff always present at the water activities and are they trained in water safety including CPR?

Yes No

Are permission slips including waiver of subrogation obtained for all children participating in the water activities? Yes No

Are children allowed to use water slides and/or diving boards? Yes No

If yes, are the water slides and/or diving boards located in a water park? Yes No

Section 8: Special Needs Supplemental

1. How many children are special needs?

2. Is someone on your staff trained to care for these children? Yes No

3. Is physical therapy provided? Yes No

4. Is an aide assigned to accompany the child? Yes No

Please describe the disabilities and special arrangements to care for these children:



Section 9: Overnight Care Supplemental

- 1. Explain the additional hours of operations:
- 2. Is the staff required to stay awake all night? Yes No
- 3. Is the facility kept locked and well lighted? Yes No
- 4. Are only authorized persons allowed to come inside the facility and pick up children? Yes No
- 5. Are children under 5 years old allowed to sleep in the same room with older children? Yes No
- 6. Are children over 5 years old allowed to sleep in the same room with children of the opposite gender? Yes No
- 7. Are staff to child ratios maintained during the overnight hours? Yes No

Section 10: Loss Information

- 1. Have you had any claims or losses in the past five years? Yes No
(This includes both claims that you have filed with an insurance company and losses that you did not file with an insurance company.)
- 2. Have you ever had any incidents or allegations of sexual or physical abuse? Yes No

3. List all losses in the past 5 years whether or not insured (Attach additional sheet if necessary):

Date of Claim	Type of Claim	Description of Claim	Open/ Closed	Paid \$	Reserve \$

4. Is this a new venture? Yes No If no, please provide information on your current insurance coverage for each line of business:

Expiring General Liability Insurance Company:	Expiring Premium:
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Section 10: Loss Information (continued)

Expiring Property Insurance Company:	Expiring Premium:
Expiring Auto Insurance Company:	Expiring Premium:
5. Is your current coverage being non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, why? <input type="checkbox"/> Carrier no longer writing this coverage <input type="checkbox"/> Loss History <input type="checkbox"/> Other:	

Section 11: Business Auto Supplemental

Auto Accord applications including all state specific UM/UIM and PIP forms are also required.

1. FEIN/Social Security Number:	
2. Are your vehicles ever used to transport persons other than your center's children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
3. Do you provide transportation other than to/from school/field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
4. Are all the vehicles on the vehicle schedule titled to or leased to the named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
5. What is the estimated average annual mileage per vehicle? <input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,001 to 7,000 <input type="checkbox"/> over 7,000	
6. Do you allow drivers under the age of 21 to transport children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
7. Which of the following controls do you have in place to prevent a child from being left in your vehicle:	
Headcount at departure & return to center: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Headcount upon vehicle exit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Headcount while at destination: <input type="checkbox"/> Yes <input type="checkbox"/> No
Written procedures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the estimated percentage of personal use for each vehicle exceed 25%? <input type="checkbox"/> Yes <input type="checkbox"/> No If over 25%, describe the personal use:	
9. Questions for Private Passenger Type Vehicles Only	
Is/are the Private Passenger vehicle/s used to transport children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the primary driver of this/these vehicle/s have their own personal auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is the primary driver of this vehicle?	
Do any individuals under 21 have access to this/these private passenger vehicle/s? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Section 12: Special Events Supplemental

1. Does your current license cover this event or do you have a special license specific to this event?

Yes No

2. Type of Event:

3. Number of Participants:

4. What is the location of the event?

5. Planned Activities:

6. Expected Revenue:

7. Length of Time:

8. Will liquor be served at the event? Yes No

9. Do you obtain Certificates of insurance from all vendors? Yes No

10. Do you rent the facility to others? Yes No

Section 13: Additional named insured schedule

1. Name:

Form of Business:

More than 50% common ownership? Yes No

2. Name:

Form of Business:

More than 50% common ownership? Yes No

3. Name:

Form of Business:

More than 50% common ownership? Yes No

Section 14: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 15: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 16: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORDIA: 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.

APPLICABLE IN HAWAII: 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.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE IN WASHINGTON: 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: