

Recognized by: National Association for Family Child (NAFCC)

**TO ORDER COVERAGE:**

Review coverage outline below, then choose a plan and optional coverage(s) from the reverse side (Page 2).

Figure your total plan cost.

Go to the application (Pages 3 and 4). Answer all questions, transfer the Plan and premium information, and sign the application (in two places if using credit/debit card).

Read the Mandatory Government Notice.

Keep pages 1 and 2 for your records. Mail pages 3 and 4, WITH A COPY of your Childcare License and premium payment to:

DAY CARE INSURANCE SERVICES  
CA LIC#0799352  
16601 Ventura Blvd., Suite 500,  
Encino, CA 91436-4813

If you are paying with a credit or debit card you can FAX the paperwork to: (818) 501-7612.

If you need help, call US at (800) 624-0912.

**SE HABLA ESPANOL!****DCI IS THE ONLY INSURANCE PROGRAM OFFERING ALL THESE COVERAGES:****\*LIABILITY COVERAGE HIGHLIGHTS - NO DEDUCTIBLES**

- . Limits up to \$1,000,000 per occurrence and \$1,000,000 \*aggregate.
  - . Up to \$100,000 coverage for child abuse plus legal defense **and**:
  - . Legal defense only for administrative hearings related to child abuse.
  - . Food preparation (for kids who get sick from food prepared by you or by others).
  - . AIDS and other infectious diseases (kids do catch things from other kids).
  - . Dispensing medication (just in case wrong medicine or wrong amount given)
  - . Field trips - parks, playgrounds, outside activities (trampolines excluded)
  - . Swimming pools (without charge, at home or on field trips)
  - . Dogs (except owned Akitas, Bull Mastiffs, Dobermans, German Shepherds, Pit Bulls, and Rottweilers)
  - . Occasional extended hours of operation.
- \*( \$2,000,000 aggregate available-call for quote)

**Optional:**

- . Transportation - up to \$50,000 coverage if kids are hurt in an auto accident. (This is not auto liability insurance)
- . Non-owned auto - up to \$35,000 coverage if you're sued because someone is using their auto while on your Childcare business and has an accident.

**\*ACCIDENT COVERAGE HIGHLIGHTS - NO DEDUCTIBLES**

- . Up to \$20,000 Accident Medical for each enrolled child injured on or off the premises, including car travel.
- . Providers own enrolled children covered (excess over other coverage).
- . \$5,000 Accidental Death Benefit.
- . Up to \$10,000 Accidental Dismemberment benefits.
- . Up to \$500.00 per tooth.

**Optional:**

- . Up to \$10,000 Accident Medical for provider and/or staff: Policy is in excess of other insurance; it pays deductibles and co-payments. If no other insurance, it pays 100% of covered expense. It **does not** replace Workers Compensation Insurance for the staff.

\*Coverages outlined are a partial description only. As with all Insurance policies some exclusions apply to the liability and accident policies. This outline does not alter, nor is it intended to alter, the terms and conditions of these policies. The policy language shall control in the event of any discrepancy between the language of this outline and the policies. Sample policies are available upon written request.

Liability Insurance Underwritten by: **TOPA Insurance Company**  
Accident Coverage Underwritten by: **AIG Life Insurance Company**



**ANSWER ALL QUESTIONS. (Please print or type)**

1. Name of Resident Childcare Provider \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insured Location (if Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_
3. I am a member of a Childcare Association/Organization .....  No  Yes  
 Name of Group \_\_\_\_\_.(added cost for non-member/see worksheet)
4. I am licensed for \_\_\_\_ (No. of children). **ENCLOSE COPY OF YOUR CHILDCARE LICENSE.**
5. Is your license current and in good standing?.....  No  Yes
6. Total number of children enrolled in your child care ..... \_\_\_\_\_
7. Maximum number of children cared for in any one day ..... \_\_\_\_\_
8. Regular day care hours \_\_\_\_\_ AM to \_\_\_\_\_ PM
9. Do you currently provide overnight or weekend care?.....  No  Yes  
 If yes, how often? regularly \_\_\_\_\_, occasionally \_\_\_\_\_, emergency only \_\_\_\_\_
10. Do you care for special needs children requiring extraordinary or special care?.....  No  Yes  
 If yes, describe special needs and care: \_\_\_\_\_
11. Do you have a swimming pool?.....  No  Yes  
 If yes, is it fully enclosed with self locking gates?.....  No  Yes  
 If no gates, does it have a locked cover which will support an adult?.....  No  Yes
12. **Are you required to send PROOF OF INSURANCE to someone PRIOR TO POLICY ISSUANCE?**  No  Yes  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Name of Contact: \_\_\_\_\_ FAX: \_\_\_\_\_
13. **Important...is the above to be named as an additional insured? (See worksheet for additional cost)**  No  Yes
14. Have you had childcare liability insurance before?.....  No  Yes  
 If yes, name of company \_\_\_\_\_
15. Has any insurance company ever cancelled or non-renewed insurance on your childcare operation?.....  No  Yes  
 If yes, why? \_\_\_\_\_
16. In the past five years, have any liability claims or lawsuits been made against you in connection with your  
 Childcare operations, or are you aware of any claim(s) or incident(s) that might result in a claim?.....  No  Yes  
 If yes explain : \_\_\_\_\_
17. Have you ever received a citation, compliance notice, been placed on probation or had your license to operate a  
 Childcare facility suspended/revoked by any regulatory agency?.....  No  Yes  
 If yes explain: \_\_\_\_\_

**Important: Among the liability policy exclusions are coverage for any permit/license/registration other than for Family Childcare and any liability loss arising from the use of any trampoline/rebounding device or the ownership of the following breeds of dogs: Akita's, Bull Mastiffs, Dobermans, German Shepherds, Pit bulls, or Rottweilers. Refer to the policies for full details of coverage, conditions and exclusions.**

**If your application is approved**, coverage will be issued effective on the day after receipt of the application and premium payment. **If your application is not approved** your payment and the original application will be returned to you within ten business days of our receipt, with an explanation or instructions for resubmission. **If you have any questions, please call us at (800) 624 0912.**

<u>ENTER INFORMATION FROM WORK SHEET</u>	PLAN COST	OFFICE USE ONLY
PLAN SELECTED X A B C D E F and enter cost.....	\$ _____	
Liability:		EFF DATE _____
. Add for Additional Insured(s) (per question #13).....	+ _____	PLAN COST: _____
. Add \$50,000 Transportation Liability coverage (not auto insurance)	+ _____	If Applicable: _____
. Add \$35,000 non-owned auto liability coverage.....	+ _____	LIAB/ ADJ. _____
. Add if not member of Association/Organization (per question #3).....	+ _____	ACC. ADJ. _____
. Add to increase Abuse Coverage to \$100,1000.....	+ _____	TERRORISM _____
. Add to include Terrorism (See #5 below).....	+ _____	TERRORISM _____
Accident Medical:		INST. + _____
. Add to include \$10,000 accident insurance for provider.....	+ _____	CC CHARGE _____
. Add to include \$10,000 accident insurance for partner/co-owner/staff		TOTAL: _____
Name(s): _____	\$ _____	UNDERWRITER: _____
		DATE: _____

**\*\*\* DEPOSIT PAYMENT OR FULL PAYMENT MUST BE SENT WITH THIS APPLICATION (do not send cash). \*\*\***

Select one: I am paying by Check \_\_\_\_\_ or Credit/Debit Card (Check One): Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ (Add \$5.00 if using Credit/Debit Card.)

Select one: I am paying in full \_\_\_\_\_; or, I am paying a deposit now \_\_\_\_\_. I understand installment coupons will follow.

Enclosed is a check (payable to DCI) in the amount of \$ \_\_\_\_\_; Or, I hereby authorize DC Insurance Services, Inc. to charge \$ \_\_\_\_\_ to my credit/debit card. Number \_\_\_\_\_ Security Code \_\_\_\_\_ which expires on \_\_\_\_\_.

Signature of Card Holder: \_\_\_\_\_ Print Card Holder Name: \_\_\_\_\_

Billing address (if different): \_\_\_\_\_

**I UNDERSTAND AND AGREE TO THE FOLLOWING:**

- Completion of this application does not guarantee coverage will be issued. Each application is subject to company approval. If approved, I become a member of the National Care Provider Insurance, Inc., (NCPI), a group purchasing plan made available under the provisions of the 1986 revised Federal Risk Retention Act.
- The accident policy is not part of NCPI. This application enrolls me as a participant in the group accident insurance plan under an American International Group Life Insurance Company and subscribes to the terms of the special risk trust, a Missouri Trust. I acknowledge the eligibility requirement for the accident insurance coverage and understand that all eligible persons must be enrolled now and in the future in accordance with the rules established by the company.
- Final premiums are determined after a review of each childcare home operation as described in the application, including hours and the number of children enrolled. If an additional premium is due, I will be notified before policy issuance. I understand that there are minimum non-refundable premiums stated on each policy.
- I hereby declare that the above statements and particulars are true to the best of my knowledge and that I have not suppressed or misstated any material facts. I warrant that I am operating my family childcare home in accordance with the laws of the jurisdiction in which I reside. My childcare license/registration/permit is current and in good standing and I will keep it in force as may be required by any controlling county, city, or state agency. I understand that if coverage is issued, it is based on the information provided by me. I agree that information in this application is the basis of policy issuance by the insurance companies and that the application is part of that policy. I know that 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.
- I hereby certify that I have read the enclosed Mandatory Government Notice regarding Terrorism coverage and understand that I may remove the exclusion from my policy by including the additional premium (call for quote) in the appropriate place. I understand that if I choose to reject the offer, I will have no coverage for losses arising from acts of terrorism.

X \_\_\_\_\_  
Signature of Licensed Child Care Provider

\_\_\_\_\_  
Date

Mail application and payment to:  
Program Administrator: DC INSURANCE SERVICES, INC.  
CA LIC #0799352  
16601 Ventura Boulevard, Suite 500, Encino, CA 91436-4813  
You may FAX if using credit card or debit card  
Phone (800) 624-0912 / FAX (818) 501-7612

**KEEP THIS FOR YOUR RECORDS-DO NOT MAIL**

**MANDATORY GOVERNMENT NOTICE**

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE:**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States- to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your existing policy may be affected as follows:

You should know that coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charge for this coverage is shown in item #5 of the application below. It does not include any charges for the portion of loss covered by the Federal Government under the act.

**ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE:**

If you do not pay the premium quoted for terrorism coverage with your order to bind any coverage(s) we have quoted for you, the terrorism exclusion nullified by the Federal Terrorism Risk Act of 2002 will be reinstated. This means that you will not be covered for losses arising out of any acts of terrorism.