

THOMCO Childcare Choice Renewal Questionnaire

Note: All questions must be answered or application will be returned

Expiring Policy Number: _____

Renewal Effective Date: _____

Named Insured _____

DBA: _____

For Profit Not For Profit

Mailing Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____

Website Address: _____

Location No. & Address: _____

License Capacity: _____ Expiring Average Daily Attendance: _____

Average Daily Attendance projected for next twelve months: _____

(Premium basis is ADA. Premium subject to change if different from initial quote or expiring.)

If ADA is less than 75%, please provide explanation for low attendance and plan, if any, for increased enrollment:

Have there been any new programs or activities added in the past year (i.e. field trips, onsite activities by a 3rd party, off premises swimming)? Yes No

If yes, describe: _____

Property limits will be renewed at the expiring amounts unless otherwise noted below.

Limits:

Building Limit: \$ _____

Personal Property Limit: \$ _____

Business Income Limit: \$ _____

Is your building sprinklered? Yes No

Years of most recent building updates: Wiring: _____ Heating: _____ Plumbing: _____ Roofing: _____

Most recent date of state inspection: _____

Was the insured cited for any violations of the following standards?

- | | | |
|---|---|---|
| <input type="checkbox"/> Background Checks | <input type="checkbox"/> Playground | <input type="checkbox"/> Fire Drills |
| <input type="checkbox"/> Child/Caregiver Ratios | <input type="checkbox"/> Inappropriate Discipline of Children | <input type="checkbox"/> Transportation |

Additional Attachments:

Current License Current Drivers List Signed UM/UIM Acord

Worker's Compensation:

Any change in payroll? Yes No

If yes, please provide current payroll by classification: _____

Additional coverage is available. Please advise if you would like a quote for any of the following coverages:

Student Accident Work Comp Umbrella D&O/EPLI

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, 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, 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, and Washington 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 FLORIDA APPLICANTS: 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.

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 facilitating 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: A 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 OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: 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, may be committing a crime, subjecting the person to criminal and civil penalties.

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.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____
(Only applicable if using a producer)

Producer's License Number: _____ Exp. Date: _____