FAMILY CHILD CARE PROVIDER APPLICATION FOR INSURANCE

Save time and trouble by applying online! Complete & submit application forms, make secure credit card payments & request certificates, all at your fingertips at www.assurechildcare.com!

First Name: _____ Last Name: _____

Contact Phone Number: _____ Phone Number of Licensed Location: _____

Address of Licensed Site: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____ Business Name: _____

Do You Own Pets? ☐ Yes ☐ No If Yes, please describe *(if dog, provide breed or mix of breed)*: _____

Is Licensed Site Rented? ☐ Yes ☐ No If Yes, Landlord's Name: _____

Landlord's Address: _____

License Number: _____ License Effective Date: _____ License Expiration Date: _____

I will care for _____ children at one time.* License Capacity: _____ Total Enrolled: _____

(*Please see grid on last page.*)

Years of Experience in Child Care: _____ Has your license ever been revoked or suspended? ☐ Yes ☐ No

If Yes, please explain: _____

In the past 5 years, have any claims or lawsuits been filed against you? ☐ Yes ☐ No

If Yes, please explain: _____

Has insurance on your child care operation ever been cancelled or not renewed? ☐ Yes ☐ No

If Yes, please explain: _____

Limits of Liability Coverage

SELECT BOX FOR LIMITS OF LIABILITY BELOW

Occurrence/Aggregate	☐ $300,000/$600,000	☐ $500,000/$1,000,000	☐ $1,000,000/$3,000,000

Enter below, the full premium or payment amount from the back page. The **Total Amount Enclosed** is the required payment to begin your coverage.

Select Box for **Full Premium** or **Payments**:	☐ **Full Premium**	☐ **Payments**
Enter premium amount, from reverse side, for the coverage selected:	$	$
Service Fee Amount Per Payment (Waived if premium is paid in full in advance):	**$0.00**	**$7.00**
Child Care Services Annual Membership Fee (Membership is required to participate):	**$45.00**	**$45.00**
Subtotal Amount:	$	$
Optional non-owned automobile premium of $112.00 per year:	$ ***Opt.***	$ ***Opt.***
Total Amount Enclosed (please add down and enter total):	$	$

Effective Date of Insurance (Requested Date of coverage): _____

List "Community Partner" (Optional, please see back cover for details): _____

Coverage effectiveness is based on the applicant being "licensed/registered" as a Family Home Child Care Provider in the State of operation. All premiums charged for these programs are based on Membership in the "Child Care Services System" of Assure Child Care. I understand & acknowledge that I will receive a Certificate of Insurance (within 4-6 weeks of effective date) evidencing coverage provided to me as a participant on the policy issued to Assure Child Care, Inc. and that full premium or payment is due upon enrollment. Coverage void if license revoked or under suspension.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. You acknowledge this by affixing your legally binding signature below.

Signature _____ Member Number _____ Date _____

MAKE CHECKS PAYABLE & SEND CHECK WITH APPLICATION TO:

ASSURE CHILD CARE
MI 49
PO BOX 1150
Minneapolis, MN 55480

FOR ACC OFFICE USE ONLY:

Member Number:	Date Received:	Date Effective:

Community Child Care Partnership

To better serve our members, a portion of our fees are used to support and assist state and local child care associations and organizations to address specific needs in their communities. You, as a member, may designate which association or organization, participating in the Assure Child Care's "Community Partnership" program, you wish to support. Please choose and list only one selection in the space provided in the application form. If you are unsure whether your selection is a program participant, you may contact them or the Assure Child Care office. If your association or organization is not currently a participant and you would like more information on the program, please contact the Assure Child Care office.

National Group Rates[1]

Rates effective 11/01/2012

* NUMBER OF CHILDREN	Maximum Limits Available for Annual Premiums [1]Includes maximum $10,000 Accidental Medical Expense, Accidental Death & Accidental Dismemberment Coverage. FULL PREMIUM OR FIRST PAYMENT, PLUS SERVICE CHARGE, DUE UPON ENROLLMENT You need to pay the first payment as listed below if you choose Payment Plan. You will be billed for seven payments, one every 30 days. ONE YEAR ANNUAL PREMIUM					
	$300,000 Occurrence $600,000 Aggregate		$500,000 Occurrence $1,000,000 Aggregate		$1,000,000 Occurrence $3,000,000 Aggregate	
	FULL PREMIUM	PAYMENTS[2]	FULL PREMIUM	PAYMENTS[2]	FULL PREMIUM	PAYMENTS[2]
1-6 Children	$320	$40	$368	$46	$408	$51
7 Children	$344	$43	$376	$47	$424	$53
8 Children	$400	$50	$424	$53	$472	$59
9 Children	$464	$58	$520	$65	$576	$72
10 Children	$520	$65	$568	$71	$648	$81
11 Children	$560	$70	$608	$76	$696	$87
12 Children	$632	$79	$672	$84	$760	$95
13 Children	$672	$84	$712	$89	$808	$101
14 Children	$712	$89	$768	$96	$864	$108
15 Children	$752	$94	$824	$103	$920	$115
16 Children	$792	$99	$888	$111	$984	$123
17 Children	$824	$103	$944	$118	$1,040	$130
18 Children	$864	$108	$1000	$125	$1,096	$137
19 Children	$904	$113	$1,056	$132	$1,152	$144
20 Children	$944	$118	$1,112	$139	$1,208	$151

Non-sufficient Funds Fee: We charge a fee for every check returned to us for non-sufficient funds.
[2]There is an additional $7.00 service charge for each separate payment.
All rates are subject to change.

Important: Application Checklist

To ensure your application is complete, please make use of the following checklist. Missing information may cause a delay in obtaining insurance coverage.

☐ Complete All Questions	☐ Select Limits of Liability Coverage	☐ Sign & Date Application Form
☐ Include Annual Membership Fee		
☐ Enclose Full Premium or Premium Payment with Service Charge		

NATIONAL FAMILY Child Care INSURANCE PROGRAM APPLICATION

ACC – MORE THAN INSURANCE, JOIN OUR GROUP!!!

www.assurechildcare.com

The industry's leading insurer of child care professionals is

NOW AVAILABLE ONLINE!!!

Apply & Submit Online!
Receive Quotes in Seconds!

Secure Online Payments!
Pick Your Own Limits!

Save time & money by taking advantage of all the news, information and features that our website can offer you!

Children are like child care services, they come in all shapes and sizes. Insurance programs are no different, and that's where we hope to help. Finding the right insurance program for your business should be as easy as running down a checklist...

Things To Look For In Insurance...

1. Sound & stable insurance company?
2. Is the Child Care Provider covered?
3. Is coverage available for all my placements?
4. Can I name additional insureds on the policy?
5. *Make sure Field Trips are covered...*
6. Can others be covered on my policy?
7. Are abuse & molestation covered?
8. What about my helper's car?
9. What about things that aren't so ordinary?
10. Are payment plans available?

The Assure Child Care Program...

- ✓ Philadelphia Insurance Co – Rated A++
- ✓ Provider is covered - At no extra charge!
- ✓ Coverage available to licensed capacity!
- ✓ Yes, Additional Insured parties can be named!
- ✓ All Field Trips and special events are covered!
- ✓ Coverage for helpers, subs and Provider's own kids!
- ✓ Yes, abuse & molestation are 100% covered!
- ✓ Non-owned auto coverage is available as an add-on!
- ✓ We cover admin hearings to pets to pools! Ask us!
- ✓ ***YOU*** choose the payments you can afford!

acc assure child care

Assure Child Care & Hays Companies
80 South 8th Street, Suite 700
Minneapolis, MN 55402 Phone No.: 612-486-4752
Toll Free: 855-818-KIDS (5437)
Email: info@assurechildcare.com Web: www.assurechildcare.com

Hays
All. Together. Certain.

Administered by:
HAYS COMPANIES
IDS Center, Suite 700
80 South 8th Street
Minneapolis, Minnesota 55402

Liability

Bodily injury & property damage resulting from your licensed child care operation
Personal injury including libel, slander, wrongful eviction (or entry) and malicious prosecution
Incidental Malpractice Liability covering claims for failure to render licensed professional child care services
Abuse & Molestation at $100,000 per occurrence, $100,000 aggregate limit
Animal Injury at $25,000 per occurrence, $50,000 aggregate limit
Field trips
Landlord may be listed as Additional Insured
Administrative Hearing fees & costs - $5,000 limit
Optional Non-Owned Auto Coverage - $125,000 limit

Eligibility

Provider

Provider's Own Children

Children for whom the provider and the home are licensed to care
Substitutes (via Excess Coverage Provision)

Coverage is provided for accidental injury while on the child care premises.

Accidental injury occurring elsewhere, while under direct supervision of a licensed provider.

This Insurance Covers

This is a brief description of coverage and is not intended to amend or alter the conditions and terms of the policy. A complete policy form with full and complete descriptions of coverage and exclusions is available for review upon request from the ACC Corporate Headquarters.

Accidental Death & Dismemberment

A lump sum payment is made in the case of accidental loss of life, limbs or sight occurring within one year of a covered accident. Dismemberment benefit is a graduated payment schedule based on loss. Only one amount, the largest to which the policyholder is entitled, is paid for all losses resulting from a single accident.

Policies effective prior to Nov. 1, 2013 – $25 deductible applies.
Policies effective Nov. 1, 2013 and after– $ 0 deductible applies.

Excess Coverage Provision

This Excess Coverage provision applies to providers and substitutes only. The amount otherwise payable under Accidental Medical Expense benefit will be reduced by the total amount of Health Care Plan benefits or by any other valid & collectible medical insurance the provider may have. Accident Insurance benefits are payable only as a result of a covered accident while coverage is in effect.

Accidental Medical Expense

Pays incurred expenses for necessary medical or surgical treatment, services or supplies if the first expense is incurred within 1 year of the date of a covered accident. For any 1 accident, covered usual & customary expenses will be paid to plan maximum if they are incurred within 1 year of the date of the accident. Dental expenses have a separate, smaller limit.

Policies effective prior to Nov. 1, 2013 – $25 deductible applies.
Policies effective Nov. 1, 2013 and after– $ 0 deductible applies.

This Insurance Does Not Cover

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane. This exclusion only applies to the ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT.
- War or any act of war, declared or undeclared. This exclusion does not apply to terrorism.
- Sickness, disease or any bacterial infection. This does not exclude bacterial infection that results from an injury; or involuntary ingestion or inhalation of poison, drugs, narcotics, gas or fumes, or other deleterious substances; or accidental food poisoning.
- Voluntarily taking any narcotic, unless the narcotic is prescribed by, and taken according to the directions of, a Physician.
- Eyeglasses, contact lenses, hearing aids.