



ATEGRITY SPECIALTY INSURANCE COMPANY

ADULT DAY CARE, CHILD DAY CARE AND PRESCHOOL GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Ategrity Specialty Insurance Company

Home/Administrative Office: 14000 N. Pima Road, Suite 200, Scottsdale, Arizona 85260

Telephone Number: 480.237.2417

Applicant's Name:	Agency Name: Agency Location:
Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify) <input type="checkbox"/> Not For Profit <input type="checkbox"/> Other than Not for Profit
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1.	CLASSIFICATION OF RISK: (check all that apply)		
<input type="checkbox"/> Adult Day Care Percentage of Alzheimer's or Dementia guests. % Is risk equipped with anti-wandering device? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of non-ambulatory guests	<input type="checkbox"/> Day Care Center Hours of operation Any overnight exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Babysitters <input type="checkbox"/> Drop off center at mall or retail <input type="checkbox"/> In home care More than 10 children <input type="checkbox"/> Less than 10 children <input type="checkbox"/> <input type="checkbox"/> Nannies	<input type="checkbox"/> Preschool <input type="checkbox"/> Sick child day care <input type="checkbox"/> Other (Describe) Percentage of children with special needs (mental or physical). %	



2.	APPLICANT INFORMATION	
a.	How many years has the applicant been in business? Years at this location?	
b.	Is applicant licensed? License number: Maximum number of clients permitted by license	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Average Daily Attendance Maximum number of clients on premises at one time	

3.	PREMISES INFORMATION	
a.	Is there a pool on premises? CHECK ALL THAT APPLY <input type="checkbox"/> Above ground <input type="checkbox"/> In-ground <input type="checkbox"/> Fenced with self-latching gate <input type="checkbox"/> Slides or diving boards <input type="checkbox"/> Wading pool less than 24 inches <input type="checkbox"/> CPR/Lifeguard certified staff on premises when pool in use Number of swimmers to Number of attendants <input type="checkbox"/> .Life-safety equipment at poolside	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Play equipment and facilities (check all that apply) <input type="checkbox"/> Bodies of water on premises (ponds, streams, lakes, rivers) If yes, describe: . <input type="checkbox"/> Play area fully fenced <input type="checkbox"/> Slacklining <input type="checkbox"/> Slides if yes, height <input type="checkbox"/> Swings <input type="checkbox"/> Trampoline <input type="checkbox"/> Other equipment, please describe	

4.	CLIENTELE RATIO OF CHILDREN TO ATTENDANTS BY AGE		
	AGE GROUP	CHILDREN	ATTENDANTS
	1 to 6 months		
	6 to 12 months		
	1 to 3 years		
	Over 3 years to 8 years		
	Over 8 years		

5.	EMPLOYEE/EMPLOYMENT DETAILS	
a.	Total number of employees Any leased employees? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Are background checks run on employees? Any previous or pending allegations of sexual or physical abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does applicant provide care givers for special events? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No



6.	ADDITIONAL INFORMATION	
a.	Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used Any medication dispensed? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Does applicant have an accident and health policy covering students? Carrier Policy number Term:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Describe procedure for handling illness or injury	
d.	Are Field Trips taken? If yes, describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Are special classes taught? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Are children released only to custodial parent or guardian? If no, describe authorization procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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 KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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: 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.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

NEW YORK FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



APPLICANT'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME: 	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.