

JBL Trinity Group, Ltd.

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JBL Trinity West, Ltd.

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DAY NURSERIES AND PRE-SCHOOLS GENERAL LIABILITY APPLICATION

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Location Address: _____

City: _____ State: _____ ZIP: _____

Proposed Effective Date: _____

Applicant is: Individual Corporation Partnership Joint Venture Other (specify) _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$ Excluded	\$
Other Coverages, Restrictions, and/or Endorsements		Total
	Deductible \$	\$

A. Sexual and/or physical abuse: \$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000

B. Description of operations: _____

C. Location of all premises: _____

D. Is applicant licensed? Yes No License number: _____

E. Is applicant part of the Head Start Program? Yes No

F. What is the maximum number of children permitted by license? _____

G. Is applicant's business a home day care? Yes No

H. What is maximum number of children on premises at any one time? _____ Average daily attendance? _____

I. Indicate the number of children in each age group and the number of attendants assigned to each age group:

Age Group	Number of Children	Number of Attendants
1 to 6 months		
6 to 12 months		
1 to 3 years		
over 3 years to 8 years		
over 8 years		

J. Attach a list of all attendants, along with a description of his/her previous experience.

- K. Does applicant have Worker's Compensation coverage in force? Yes No
- L. Does applicant lease employees? Yes No
- M. Describe how injuries or illnesses are handled: _____
- N. Describe the building (age, construction, private dwelling, etc.): _____
- O. Describe play equipment and facilities. (If there is any unusual or special equipment used, describe -- i.e. trampoline, etc.) _____
- P. Any pool? Yes No If so, is it above or below ground? _____ Fenced with locking gate? _____
- Q. Is the yard fully fenced? Yes No
- R. Any animals on premises? Yes No Describe: _____
- S. Any special classes taught? (gymnastics, swimming, etc.): _____
- T. Any off-premises field trips? Yes No If so, how many? _____ Who provides transportation? _____
- U. Any trips to pools off insured's premises? Yes No If so, advise attendant/student ratio: _____
- V. Attach a copy of enrollment form, medical release, hold-harmless, etc. used by the insured.
- W. Has insurance ever been cancelled, declined or refused? Yes No
- X. Does applicant have accident and health policy covering students? Yes No
If yes, what limits, carrier, etc: _____
- Y. Any children released only to custodial parent or guardian? Yes No
If no, describe authorization procedure: _____

Previous insurer: Indicate premium and losses for past 3 years. Describe all losses. Use a separate sheet if necessary.

YEAR	COMPANY	POLICY #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK: 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 such violation.

FRAUD PREVENTION - OHIO WARNING: 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.

APPLICANT'S SIGNATURE: _____ Date: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain 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.