GREAT AMERICAN INSURANCE COMPANIES
Specialty Human Services Division

CHILDCARE, HEADSTART OR LATCHKEY FACILITIES QUESTIONNAIRE

Name of organization: ____________________

Website address (URL): www. ____________________

Location- copy this sheet if additional space is needed.	Age of Building	# of Childcare Personnel	Age Range of Children	# of Children Licensed for	Average Daily Attendance

1. Are all of your childcare locations licensed by your state's regulatory agency? **YES** ☐ **NO** ☐
   If no, provide details. ____________________
2. Does your state have regulations
   a. Requiring written emergency procedures **YES** ☐ **NO** ☐
   b. Requiring written child pick up procedures **YES** ☐ **NO** ☐
   c. Mandating maximum staff-to-child ratios **YES** ☐ **NO** ☐
   d. Mandating continuing education for employees **YES** ☐ **NO** ☐
   e. Have you been cited for failure to meet any regulatory standards? **YES** ☐ **NO** ☐
      If yes, attach copy of citation(s) and inspection report.
3. If facility was built prior to 1980, has premises been inspected and certified lead free? **YES** ☐ **NO** ☐
4. Do you have an outdoor play area? **YES** ☐ **NO** ☐
   If yes,
   a. Is outdoor play area fenced? **YES** ☐ **NO** ☐
   b. Does the value of your outdoor equipment, including surfacing, exceed $25,000? **YES** ☐ **NO** ☐
      If yes, value is $______________ at ______________ (location)
      If more than one location, attach a schedule of locations with value at each.
   c. Was all equipment manufactured after 1992? **YES** ☐ **NO** ☐
   d. Does all equipment meet safety standards outlined in the 1991 CPSC Handbook for Public Playground Safety? **YES** ☐ **NO** ☐
   e. Was all equipment manufactured by a commercial manufacturer? **YES** ☐ **NO** ☐
   f. Was all equipment installed by an insured contractor? **YES** ☐ **NO** ☐
   g. Does your state, local government or other regulatory authority require inspection of your playground? **YES** ☐ **NO** ☐
      If yes, how often is inspection performed? ______________

ACCIDENT INSURANCE:

5. Does your organization provide accident insurance for children? **YES** ☐ **NO** ☐
   If yes,
   a. Insurance company name: ____________________ Policy number: ______________
      Policy period: ____________________ Limits: ______________
   b. Accident insurance applies: ☐ to all children ☐ is optional, at child's expense

ABUSE COVERAGE:

6. Is abuse coverage desired? YES ☐ NO ☐
   If yes, complete questions 7-11
7. Type of abuse coverage currently in place:
   ☐ None
   ☐ Occurrence ☐ Included in GL or ☐ Sublimit: ________________
   ☐ Claims Made ☐ Included in GL or ☐ Sublimit: ________________
8. **As respects abuse,**
   a. Have any claims been filed or allegations ever been made, against your organization or anyone working on behalf or your organization alleging abuse? YES ☐ NO ☐
   b. Are you aware of any occurrences that could lead to a claim? YES ☐ NO ☐
   If yes to above, explain:____

   ____

9. Describe any operational procedures you use to control the potential for abuse:

   ____

10. Does your facility have written policies that address abuse? YES ☐ NO ☐
    a. Are policies reviewed with new employees and volunteers? YES ☐ NO ☐
    b. Does policy require all clients be instructed to report possible incidents of abuse? YES ☐ NO ☐
    c. Does policy require employees to formally report all incidents of potential abuse to the organization's director or board of directors? YES ☐ NO ☐
    d. Does policy require known or suspected abuse incidents be reported to proper authorities? YES ☐ NO ☐
11. Provide the following information:

	Employees	**Volunteers**
a. Total number with client contact?		
b. Is unsupervised contact allowed with clients?	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
c. Education verified?	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
d. Personal references checked?	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
e. Written application required?	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
f. State **10-digit fingerprint** criminal record check	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
g. Federal **10-digit fingerprint** criminal record check if in state less than 5 years	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
h. Federal **10-digit fingerprint** criminal record check regardless of time in state	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
i. Are all controls indicated in e-h required prior to any client contact?	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
j. How long are records kept documenting all screening activities outlined above?	_____ **years**	_____ **years**

Federal checks require a second set of 10-digit fingerprint cards

Explain any "**no**" responses to question 11:____

____

AUTO COVERAGE:

12. Does your organization own or lease vehicles? YES ☐ NO ☐
13. Are all owned or leased vehicles being submitted to us for coverage? YES ☐ NO ☐
    If yes, attach Acord Auto applications.
14. Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:
    a. More than 2 moving violations and/or accidents within a 3 year period YES ☐ NO ☐
    b. Reckless driving, DUI or any felony driving conviction within a 5 year period YES ☐ NO ☐

15. Is **hired auto liability** coverage desired? **YES** ☐ **NO** ☐
    If yes, does your annual vehicle rental expense exceed $2,500? **YES** ☐ **NO** ☐
    If yes, what is your annual vehicle rental expense? ______________
16. Is **non-owned auto liability** coverage desired? **YES** ☐ **NO** ☐
    If yes,
    a. Total number of: _______ **employees** ________ **volunteers**
    b. Complete the following chart, indicating number of employees and volunteers that **use their personal vehicles on behalf of your organization.**

Type of Usage	Number of **Employees** with Daily or Weekly Usage	Number of **Volunteers** with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐
Transport children or others			**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐

EDUCATOR'S PROFESSIONAL LIABILITY COVERAGE:

17. Is Educator's Professional liability coverage desired? **YES** ☐ **NO** ☐
    If yes, complete questions 18-23
18. List the number of educators who desire primary coverage:

Employees	# of Professionals
Classroom Teachers	
Teacher Aids, Student Teachers, Daycare Workers	
Special Education Teachers	
Guidance Counselors, Vocational Counselors, Psychological Counselors	
School Nurse	
Other professionally trained educators (including administrators)	

19. Are any services provided under contract by teachers and counselors who are not your employees? **YES** ☐ **NO** ☐
    If yes, do you verify the following annually:
    a. Certificate of insurance **YES** ☐ **NO** ☐
    b. State license and/or board certificate **YES** ☐ **NO** ☐
20. Does educational facility have written procedures in place regarding suspension, dismissal and discipline of children? **YES** ☐ **NO** ☐
    If yes, are these procedures reviewed annually with all teachers? **YES** ☐ **NO** ☐
21. **As respects professional liability:**
    a. Is your organization aware of any circumstances which may result in any claim being made, or any claims or suits which have been made during the past five years, against the entity or any of its past or present officers or employees? **YES** ☐ **NO** ☐
       If yes, explain:
    b. Has any similar insurance for the entity, present officers or employees ever been cancelled **YES** ☐ **NO** ☐
       If yes, explain:
22. Prior professional liability insurance carrier: ______________________________
23. Prior professional liability coverage is: ☐ Claims Made ☐ Occurrence

Completed by: ______________________________ Date completed: ______________

ADDITIONAL COMMENTS: