

# Daycare Insurance Quote Request

## Your Business Information

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Corp    LLC    Sole Prop   FEIN or SSN: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Years Experience in Industry: \_\_\_\_\_

Website: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Current Insurance Company(s): \_\_\_\_\_

Policy Period: \_\_\_\_\_ Total Yearly Premium(s): \$ \_\_\_\_\_

### Street Address

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

Location 3: \_\_\_\_\_

Describe all daycare operations:

Additional Named Insureds: \_\_\_\_\_

### Attach Separately:

5 Year, currently valued Loss Runs. (Ask your existing insurance agent/company for these and they should have them to you within 24 hours. If in business less than five years, send what you have. If no prior insurance, ignore.)

Explain any losses over \$5,000:

\_\_\_\_\_



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## Property Coverage Do not quote

### Location 1

Insured Values: Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_  
Business Income \$ \_\_\_\_\_ Misc \$ \_\_\_\_\_

Wall Construction (masonry, frame, metal, etc.): \_\_\_\_\_

Roof Construction (shingle, metal, tar and gravel, etc.): \_\_\_\_\_

Year Built: \_\_\_\_\_ Sq Ft: \_\_\_\_\_

Alarmed? (describe): \_\_\_\_\_ Sprinklered?: \_\_\_\_\_

Year Updated: Roof \_\_\_\_\_ Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Protection Class (leave blank if unknown): \_\_\_\_\_ Distance to Hydrant: \_\_\_\_\_

Responding Fire Co: \_\_\_\_\_

### Location 2

Insured Values: Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_  
Business Income \$ \_\_\_\_\_ Misc \$ \_\_\_\_\_

Wall Construction (masonry, frame, metal, etc.): \_\_\_\_\_

Roof Construction (shingle, metal, tar and gravel, etc.): \_\_\_\_\_

Year Built: \_\_\_\_\_ Sq Ft: \_\_\_\_\_

Alarmed? (describe): \_\_\_\_\_ Sprinklered?: \_\_\_\_\_

Year Updated: Roof \_\_\_\_\_ Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Protection Class (leave blank if unknown): \_\_\_\_\_ Distance to Hydrant: \_\_\_\_\_

Responding Fire Co: \_\_\_\_\_

### Location 3

Insured Values: Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_  
Business Income \$ \_\_\_\_\_ Misc \$ \_\_\_\_\_

Wall Construction (masonry, frame, metal, etc.): \_\_\_\_\_

Roof Construction (shingle, metal, tar and gravel, etc.): \_\_\_\_\_

Year Built: \_\_\_\_\_ Sq Ft: \_\_\_\_\_

Alarmed? (describe): \_\_\_\_\_ Sprinklered?: \_\_\_\_\_

Year Updated: Roof \_\_\_\_\_ Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Protection Class (leave blank if unknown): \_\_\_\_\_ Distance to Hydrant: \_\_\_\_\_

Responding Fire Co: \_\_\_\_\_



# Daycare Insurance Quote Request

## General Liability Do not quote

Limits:

Per Occurrence  \$1,000,000  \$2,000,000  Other \$ \_\_\_\_\_

Aggregate  \$1,000,000  \$2,000,000  \$3,000,000  Other \$ \_\_\_\_\_

Location #1: Yearly Est. Gross Sales \$ \_\_\_\_\_ Yearly Payroll \$ \_\_\_\_\_

Location #2: Yearly Est. Gross Sales \$ \_\_\_\_\_ Yearly Payroll \$ \_\_\_\_\_

Location #3: Yearly Est. Gross Sales \$ \_\_\_\_\_ Yearly Payroll \$ \_\_\_\_\_

Do you currently offer health insurance to your employees?  Yes  No

## Business Auto Do not quote

Limits:

Liability  \$500,000  \$1,000,000  \$1,500,000  Other \$ \_\_\_\_\_

Uninsured Motorists (UM):  \$500,000  \$1,000,000  \$1,500,000  Other \$ \_\_\_\_\_

Underinsured Motorists (UIM)  \$500,000  \$1,000,000  \$1,500,000  Other \$ \_\_\_\_\_

Medical  \$2,000  \$5,000  \$10,000  Other \$ \_\_\_\_\_

PIP (if available in your state)  \$2,000  \$5,000  \$10,000  Other \$ \_\_\_\_\_

Physical Damage Deductible:  \$500  \$1,000  \$2,500  Other \$ \_\_\_\_\_

Garaging address (if different than mailing): \_\_\_\_\_

Cities where you operate: \_\_\_\_\_ Radius in Miles: \_\_\_\_\_

Any other vehicles owned but not listed?  Yes  No

Hired and Non-owned liability only?  Yes  No

Complete and Attach separately:

- Driver List (example below)
- Vehicle List (example below)

Internal Use Only:

1 Any Auto  2 All Owned Autos  7 Listed Autos  8 Hired Autos  9 Non-owned Autos



# Daycare Insurance Quote Request

## Vehicle List

Use this form or attach a copy from your existing policy.

	Year	Make	Model	VIN	Total \$ Value	Seating Capacity*	Liab	Comp	Coll	Med	PIP
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Include driver in seating capacity.

Liab = Liability  
 Comp = Comprehensive  
 Coll = Collision  
 Med = Medical Payments  
 PIP = Personal Injury Protection



# Daycare Insurance Quote Request

## Driver List

Use this form or attach a copy from your existing policy.

	Name	Date of Birth	License #	State Licensed:	Years Experience	# of Traffic Violations*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						



# Daycare Insurance Quote Request

## Workers' Compensation Do not quote

\$100,000/\$500,000/\$100,000

\$500,000/\$500,000/\$500,000

\$1,000,000/\$1,000,000/\$1,000,000

### Yearly Estimated Payroll (attach separately if needed.)

Operations \$ \_\_\_\_\_ Drivers \$ \_\_\_\_\_ Clerical \$ \_\_\_\_\_

Other (describe) \_\_\_\_\_ \$ \_\_\_\_\_

### Owners/Officer information

Name	Date of Birth	Ownership %	Include/Exclude?	Payroll Estimate
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Include your current experience modification worksheet.

## Other Coverage Interests

Umbrella Liability:  Yes  No

Abuse and Molestation:  Yes  No

Employment Practices Liability:  Yes  No

Employee Dishonesty:  Yes  No

Cyber Liability / Data Breach:  Yes  No

Directors and Officers:  Yes  No

Employee Benefits Liability:  Yes  No

Group Health, Vision, Dental, Life, or Disability:  Yes  No

Flood:  Yes  No

Other: \_\_\_\_\_

### Comments/Questions:

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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