ILLINOIS * ILLINOIS * ILLINOIS * ILLINOIS * ILLINOIS * ILLINOIS

DC INSURANCE SERVICES, INC.
CHILDCARE IS OUR BUSINESS. OUR ONLY BUSINESS.

Day Care Insurance Application and Rate Sheet

Illinois

DC Insurance Services, Inc., 16601 Ventura Blvd., Suite 500, Encino, CA 91436
www.dcins.com | www.facebook.com/dcins | info@dcins.com | 800.624.0912 | 877.476.0888 *f*

TO ORDER COVERAGE:

1. Review coverage outline below, then choose a plan and optional coverage(s) from the reverse side (Page 2).
2. Figure your total plan cost.
3. Go to the application (Pages 3 and 4). Answer all questions, transfer the Plan and premium information, and sign the application (in two places if using credit/debit card).
4. Keep pages 1 and 2 for your records. Mail pages 3 and 4, WITH A COPY of your Childcare License and premium payment to:

   DAY CARE INSURANCE SERVICES
   16601 Ventura Blvd., Suite 500, Encino, CA 91436-4813
   CA License #0799352

If you are paying with a credit or debit card you can FAX the paperwork to: 877-476-0888.
If you need help, call us at **(800) 624-0912**. or email us at **info@dcins.com** or visit our website at **www.dcins.com**

Recognized by: National Association for Family Child

DCI IS THE ONLY INSURANCE PROGRAM OFFERING ALL THESE COVERAGES:

LIABILITY COVERAGE HIGHLIGHTS - NO DEDUCTIBLES

- Limits up to $1,000,000 per occurrence and $2,000,000 aggregate
- Up to $100,000 coverage for child abuse plus legal defense and;
- Legal defense only for administrative hearings related to child abuse
- Food preparation (for kids who get sick from food prepared by you or by others)
- AIDS and other infectious diseases (kids do catch things from other kids)
- Dispensing medication (just in case wrong medicine or wrong amount given)
- Field trips - parks, playgrounds, outside activities (trampolines excluded)
- Swimming pools (without charge, at home or on field trips)
- Dogs (except owned Akitas, Bull Mastiffs, Dobermans, German Shepherds, Pit Bulls, and Rottweilers)
- Occasional extended hours of operation
- Additional Insured—your landlord can be named as an insured on your policy at no charge
- Optional:
  - _ Transportation - up to $50,000 coverage if kids are hurt in an auto accident. (This is not auto liability insurance)
  - _ Non-owned auto – up to $35,000 coverage if you're sued because someone is using their auto while on your Childcare business and has an accident

*ACCIDENT COVERAGE HIGHLIGHTS - NO DEDUCTIBLES

- Up to $20,000 Accident Medical for each enrolled child injured on or off the premises, including car travel
- Providers own enrolled children covered (excess over other coverage)
- $5,000 Accidental Death Benefit
- Up to $10,000 Accidental Dismemberment benefits
- Up to $500.00 per natural tooth
- Optional:
  - _ Up to $10,000 Accident Medical for provider and/or staff: Policy is in excess of other insurance; it pays deductibles and co-payments. If no other insurance, it pays 100% of covered expense. It does not replace Workers Compensation Insurance for the staff

*Coverages outlined are a partial description only. As with all Insurance policies some exclusions apply to the liability and accident policies. This outline does not alter, nor is it intended to alter, the terms and conditions of these policies. The policy language shall control in the event of any discrepancy between the language of this outline and the policies. Sample policies are available upon written request.

Liability Insurance Underwritten by: TOPA Insurance Company

Accident Coverage Underwritten by: Ace American Insurance Company

RATE PAGE and WORK SHEET.

KEEP THIS FOR YOUR RECORDS.

BASIC PLAN COVERAGE

ONE YEAR POLICY

LIABILITY-ADDITIONAL CHARGES	GROUP DAYCARE HOME				DAYCARE HOME			
PLAN	**X**	**A**	**B**	**C**	**H**	**I**	**J**	**K**
Limit per Occurrence	$1,000,000	$500,000	$300,000	$100,000	$1,000,000	$500,000	$300,000	$100,000
Aggregate Limit	$1,000,000	$500,000	$300,000	$100,000	$1,000,000	$500,000	$300,000	$100,000
Child Abuse Limit	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000
Accident Limit per Child	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000
PLAN COST	$590	$530	$490	$410	$390	$330	$295	$275

Plan Costs are based on childcare homes operating up to 5 days per week, 18 hours per day and include policy fees.
If this does not describe your operations additional premiums may apply.

OPTIONAL COVERAGE

ADDITIONAL COST

LIABILITY-ADDITIONAL CHARGES	DAYCARE HOME	GROUP DAYCARE HOME
Add for each extended child	$12.00	$12.00
Add for each Additional Insured (other than the landlord)	$50.00	$50.00
Add Transportation (This is not auto liability insurance)	$85.00	$161.00
Add Non-Owned Auto Liability.	$30.00	$45.00
Add to increase child abuse limit to $100,000	$45.00	$65.00
Member of an Association / Organization Credit (Proof of Membership Required to obtain Credit)	-$20.00	-$20.00

ACCIDENT MEDICAL- ADDITIONAL CHARGES

Add to include $10,000 Accident Insurance for Provider, *Partner/Co-Owner or *Staff Person (NOT Worker's Compensation. Coverage Cost is for each named person.) $30.00

*Must show names of persons who are to be included for accident medical coverage on the application (other than enrolled children).

POLICY DEPOSIT & PAYMENT OPTIONS

	GROUP DAYCARE HOME				DAYCARE HOME			
PLAN	**X**	**A**	**B**	**C**	**H**	**I**	**J**	**K**
Deposit	$200	$200	$150	$150	$150	$150	$150	$150

Installment schedule: $300-500 = 4 Installments; $500-700 = 6 Installments; $700+ = 7 Installments

A $7.00 service charge is added for each installment, including the down payment. The charge is added to the balance due. Installments are due each month following the effective date of coverage. Complete the application, sign where indicated, and return the application and the amount due to DC Insurance Services, Inc., 16601 Ventura Blvd., Ste., 500, Encino, CA 91436. Allow 2-3 weeks for delivery of your policy. If you have questions or need assistance or more information, call… (800) 624-0912

NCPi NATIONAL CARE PROVIDERS INSURANCE, INC.

A NON-PROFIT MUTUAL BENEFIT GROUP PURCHASE PLAN

Family Childcare Liability/Accident Insurance APPLICATION

For Office Use Only/IL
N R RL
CC MO/CK # _____
Route #_____
Receipt # _____
Policy #_____

■ ANSWER ALL QUESTIONS. (PLEASE PRINT OR TYPE)

1. Name of Resident Childcare Provider _____

2. Mailing Address: _____
City_____State_____Zip _____
Insured Location (if Different) _____
City_____State_____Zip _____
Phone_____FAX_____E-mail Address: _____

3. I am a member of a Childcare Association/Organization ☐ No ☐ Yes
Name of Group _____(Please provide proof of membership)

4. I am licensed for _____(No. of children). **ENCLOSE COPY OF YOUR CHILDCARE LICENSE.**

5. Is your license current and in good standing? ☐ No ☐ Yes

6. Total number of children enrolled in your child care_____

7. Maximum number of children cared for in any one day_____

8. Regular day care hours: _____AM to _____ PM

9. Do you currently provide overnight or weekend care? ☐ No ☐ Yes
If yes, how often? ☐ regularly, ☐ occasionally, ☐ emergency only

10. Do you care for special needs children requiring extraordinary or special care? ☐ No ☐ Yes
If yes, describe special needs and care: _____

11. Do you have a swimming pool? ☐ No ☐ Yes
If yes, is it fully enclosed with self locking gates? ☐ No ☐ Yes
If no gates, does it have a locked cover which will support an adult? ☐ No ☐ Yes

12. Are you required to send PROOF OF INSURANCE to someone PRIOR TO POLICY ISSUANCE? ☐ No ☐ Yes
Name _____
Name of Contact: _____
Address _____
FAX: _____

13. **Important**. Is the above to be named as an additional insured? (See worksheet for additional cost) ☐ No ☐ Yes

14. Have you had childcare liability insurance before? ☐ No ☐ Yes
If yes, name of company _____

15. Has any insurance company ever cancelled or non-renewed insurance on your childcare operation? ☐ No ☐ Yes
If yes, why? _____

16. In the past five years, have any liability claims or lawsuits been made against you in connection with your Childcare operations, or are you aware of any claim(s) or incident(s) that might result in a claim? ☐ No ☐ Yes
If yes explain: _____

17. Have you ever received a citation, compliance notice, been placed on probation or had your license to operate a Childcare facility suspended/revoked by any regulatory agency? ☐ No ☐ Yes
If yes explain: _____

Important: Among the liability policy exclusions are coverage for any permit/license/registration other than for Family Childcare and any liability loss arising from the use of any trampoline/rebounding device or the ownership of the following breeds of dogs: Akita, Bull Mastiff, Doberman, German Shepherd, Pit Bull, or Rottweiler. Refer to the policies for full details of coverage, conditions and exclusions.

If your application is approved, coverage will be issued effective on the day after receipt of the application and premium payment. If your application is not approved your payment and the original application will be returned to you within ten business days of our receipt, with an explanation or instructions for resubmission. If you have any questions, please call us at (800) 624 0912.

BACK OF APPLICATION MUST BE COMPLETED AND SIGNED

Plan Cost Calculator

Plan Selection and Cost Calculation

Select Plan (Circle One and add premium from Rate Page) :

Group Daycare Home — X A B C $ _____

Daycare Home — H I J K $ _____

Liability Optional Coverages

Check coverage and enter amounts at the right

☐ For each extended child ($12 x _____ children) = $ _____

☐ Additional Insured (Per Question #13) ($50 x _____ insured) = $ _____

$50,000 Transportation Liability Endorsement (THIS IS NOT AUTO INSURANCE)

☐ $85 OR ☐ $161 (Group Home) $ _____

$35,000 Non-Owned Auto Liability Endorsement

☐ $30 OR ☐ $45 (Group Home) $ _____

Increase abuse to $100,000

☐ $45 OR ☐ $65 (Group Home) $ _____

Accident Medical – Optional Coverages

☐ $10,000 accident insurance for provider / staff member (Write Names Below)

Name: _____

Name: _____

Name: _____

Name: _____

($30 x _____ named insured) = $ _____

Sub-Total : **$** _____

Are you a member of an association or organization? (PER QUESTION #3) If so, subtract

☐ SUBTRACT $20 from Sub-Total — **Must Include Proof** –$ _____

Total: **$** _____

OFFICE USE ONLY

EFF DATE _____/_____/_____

• PLAN COST: _____

If Applicable:

• LIAB/ ADJ. _____

• ACC. ADJ. _____

• TERRORISM _____

• INST. + _____

• _____

• TOTAL: _____

• UNDERWRITER: _____

• DATE: _____

DEPOSIT PAYMENT OR FULL PAYMENT MUST BE SENT WITH THIS APPLICATION (do not send cash).

• Select one: ☐ I am paying by Check payable to DCI OR ☐ Credit/Debit Card

• Select one: ☐ I am paying in full; OR ☐ I am paying a deposit now. I understand installment coupons will follow.

I hereby authorize DC Insurance Services, Inc. to charge $_____to my credit/debit card.

Card Number _____ Security Code_____which expires on_____/_____

Signature of Card Holder: _____ Print Card Holder Name: _____

Billing address (if different): Street_____

City_____State_____Zip _____

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. Completion of this Request for insurance does not guarantee coverage will be issued. Each Request for insurance is subject to company approval. If approved, I become a member of the National Care Provider Insurance, Inc., (NCPI), a group purchasing plan made available under the provisions of the 1986 revised Federal Risk Retention Act.

2. The accident policy is not part of NCPI. This request for insurance enrolls me in blanket accident insurance underwritten by ACE American Insurance Company. Terms and conditions of coverage may vary based on the state in which the policy is issued. I acknowledge the eligibility requirement for the accident coverage and understand that all eligible persons must be enrolled now and in the future in accordance with the rules established by the company. I understand that I can add $10,000 excess Accident Medical coverage for an additional premium for myself or named staff members and that this is not health insurance nor is it Workers Compensation which is required by law.

3. Final premiums are determined after a review of each child care home operation as described in the Request for insurance, including hours, days and the number of children enrolled. If an additional premium is due, I will be notified before policy issuance. I understand that there are minimum non-refundable premiums/fees stated on each policy.

4. I hereby declare that the above statements and particulars are true to the best of my knowledge and that I have not suppressed or misstated any material facts. I understand that I must operate my family child care home in accordance with the laws of the jurisdiction in which I reside; that my child care license must be current and in good standing; and that coverage will cease if it should be suspended or revoked. I agree that information in this Request for insurance is the basis of policy issuance by the insurance companies and that the Request for insurance is part of that policy. I know that any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or Request for insurance containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

X_____ Date_____/_____/_____

Signature of Licensed Child Care Provider

Send the completed and signed Request for Insurance, a copy of your Childcare License/Registration and payment to:
DC Insurance Services, Inc., 16601 Ventura Blvd., #500, Encino CA 91436.
These may be faxed or emailed if you are using a credit/debit card.
FAX: (877) 476-0888 email: info@dcins.com Call us at 800-624-0912 if you have questions.

KEEP THIS FOR YOUR RECORDS. DO NOT MAIL

MANDATORY GOVERNMENT NOTICE

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the

Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States- to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your existing policy may be affected as follows:

You should know that coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charge for this coverage is shown below. It does not include any charges for the portion of loss covered by the Federal Government under the act.

If you do not pay the premium quoted for terrorism coverage with your order to bind any coverage(s) we have quoted for you, the terrorism exclusion nullified by the Federal Terrorism Risk Act of 2002 will be reinstated. This means that you will not be covered for losses arising out of any acts of terrorism.