

Child Care

INSURANCE PROGRAM APPLICATION

HOW TO CHOOSE YOUR INSURANCE PROGRAM

Children come in all shapes and sizes. Child care services do too.

So it's important you choose a child care insurance program which fits all of your needs. As an in-home child care provider, how do you choose the best coverage possible for "your children" and your service?

You should consider the availability of options to help you get the right policy "fit". Options include coverage for varied numbers of children and several levels of liability.

- ✓ Admitted Carriers
- ✓ No exclusions for pets or pools
- ✓ Provider covered (No additional charge)
- ✓ Provider's own children covered (No additional charge)
- ✓ Substitutes and helpers covered (No additional charge)
- ✓ Co-licensee covered (No additional charge)
- ✓ Landlord named as additional insured (No additional charge)
- ✓ Abuse and molestation coverage (No additional charge)
- ✓ Administrative hearings covered (No additional charge)
- ✓ Non-owned auto coverage (optional)
- ✓ Payment plan available



Checklist Of Things To Look For In An Insurance Program

- Stability of the insurer
- A.M. Best "A+" rated liability carrier
- Coverage to licensed capacity
- Bodily injury and property damage coverage
- Accident coverage
- Field trip coverage
- Coverage for provider, helpers, and provider's own children
- Ability to name landlord as an additional insured
- Amount of deductible
- Additional child care resources and information
- "Occurrence" coverage, not "claims made"

Solicitudes y servicio disponibles en Espanol

WHAT'S INSIDE

Application
Rates
Coverage Information



ADULTS & CHILDRENS ALLIANCE
2885 Country Drive Suite 165
St. Paul, MN 55117-2621
Local (651) 481-9320 Toll Free (800) 433-8108
Web Site Address: www.acainc.org



Administered by:
HAYS COMPANIES
IDS Center, Suite 700
80 South 8th Street
Minneapolis, Minnesota 55402

Accidental Death, Accidental Medical Expense & Dismemberment

This Insurance Covers....

Accidental Death & Dismemberment

Pays a lump sum benefit for accidental loss of life, limbs, or sight occurring within one year of a covered accident. Death benefit is a principal sum of \$2,000 per insured person. Dismemberment benefit is a graduated payment schedule. Thumb and index finger of same hand \$2,500; any one limb \$5,000. Two limbs, maximum limit payable \$10,000. Only one amount, the largest you are entitled to, is paid for all losses resulting from one accident.

Accidental Medical Expense

Pays incurred expenses for necessary medical or surgical treatment, services, or supplies if the first expense is incurred within one year of the date of a covered accident. For any one accident, covered usual and customary expenses will be paid up to \$10,000 if they are incurred within one year of the date of accident. However, the maximum dental expense limit for each insured is \$1,000.

Excess Coverage Provision

This Excess Coverage provision applies to providers and substitutes only. The amount otherwise payable under Accidental Medical Expense benefit will be reduced by the total amount of Health Care Plan benefits or by any other valid and collectible medical insurance the provider may have.

Deductible - \$25.00 per occurrence

Accident Insurance benefits are payable for injuries that result directly and independently of all other causes, from a covered accident, while coverage is in effect.

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by any of the following even if the immediate cause of the loss is an accidental bodily injury, unless otherwise covered under this policy by Additional Benefits:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane. This exclusion only applies to the ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT.
- War or any act of war, declared or undeclared. This exclusion does not apply to terrorism.
- Sickness, disease or any bacterial infection. This does not exclude bacterial infection that results from an Injury; or involuntary ingestion or inhalation of poison, drugs, narcotics, gas or fumes, or other deleterious substances; or accidental food poisoning.
- Voluntarily taking any narcotic, unless the narcotic is prescribed by, and taken according to the directions of, a Physician.
- Eyeglasses, contact lenses, hearing aids.

Who is Eligible?

A provider's own children. (*Accident Coverage only.*)

Children for whom the provider and the home is licensed to care.

Coverage is provided for...

Accidental injury while on the child care premises.

Accidental injury occurring elsewhere, while under direct supervision of provider.

Liability

This Insurance covers...

- Bodily injury and property damage resulting from your child care operation
- Personal injury including libel, slander, wrongful eviction (or entry), and malicious prosecution
- Incidental malpractice liability covering claims for failure to provide needed medical care, diet, or special needs
- Abuse and Molestation coverage \$100,000 per occurrence, \$100,000 aggregate limit
- Coverage for Animal Injury \$25,000 per occurrence, \$50,000 aggregate limit
- Field trips
- Landlord as additional insured
- No deductible

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- ◆ Coverage is for licensed in-home child care providers
- ◆ This policy excludes coverage for automobile liability
- ◆ This policy does not cover worker's compensation
- ◆ This is a brief description of coverage and is not intended to amend or alter the conditions and terms of the policy
- ◆ A complete policy is available for review from the Adults & Childrens Alliance office

Optional Non-Owned Automobile

Covers you when a non-owned automobile is used in your business. Limits: \$125,000 bodily injury and property damage.



FAMILY CHILD CARE PROVIDER APPLICATION FOR INSURANCE

Complete all information. Please print clearly or type.

Nosotros hablamos Español

5/09 NY

First Name:		Last Name:		Phone (Area Code):	
Address of Licensed Site:				E-mail Address:	
City:		State: NY		Zip:	
License Number:	Effective and Expiration date of license:	Type of License: <input type="checkbox"/> Family <input type="checkbox"/> Group Family	Number of Children Licensed for (including relatives):	Number of Children Currently Enrolled:	
Are you currently renting? (circle one) YES NO		Number of years of experience in child care?		Landlord's name and address:	
Has your license ever been revoked or suspended? (circle one) YES NO If yes, explain:					
In the past 5 years, have any liability claims or lawsuits been filed against you? (circle one) YES NO If yes, explain:					
Has any insurance on your child care operation been canceled or not renewed? (circle one) YES NO If yes, explain:					
Do you own pets? (circle one) YES NO If yes, describe (if dog, include breed or mix of breed):					
Limit of Coverage (Select One):		FAMILY CHILD CARE	GROUP FAMILY CHILD CARE	Select Full Premium or Payments	
SELECT the limit of coverage: All include \$10,000 Accidental Medical Expense, Accidental Death and Dismemberment Coverage, Abuse & Molestation Coverage \$100,000 per occurrence, \$100,000 aggregate limit, Coverage for Animal Injury \$25,000 per occurrence, \$50,000 aggregate limit. * Limits shown are per occurrence and aggregate.		<input type="checkbox"/> Liability \$300,000/\$600,000*	<input type="checkbox"/> Liability \$300,000/\$600,000*	<input type="checkbox"/> Full Premium	<input type="checkbox"/> Payments
		<input type="checkbox"/> Liability \$500,000/\$1,000,000*	<input type="checkbox"/> Liability \$500,000/\$1,000,000*		
		<input type="checkbox"/> Liability \$1,000,000/\$2,000,000*	<input type="checkbox"/> Liability \$1,000,000/\$2,000,000*		
ENTER the premium payment amount, from the reverse side, for the coverage selected:				\$	\$
Service charge for each payment.					\$7.00
ENTER optional non-owned auto premium of \$110.00 for one year:				\$	\$
"Child Care Services" Membership Fee (\$43.00 per year) * Membership is required.				\$43.00	\$43.00
TOTAL AMOUNT ENCLOSED				\$	\$
EFFECTIVE DATE OF INSURANCE REQUESTED					
LIST "COMMUNITY PARTNER" (optional, see back page for details):					
Coverage effectiveness is based on the applicant being licensed as a Family Day Care or Group Family Day Care Provider by the New York State Office of Children and Family Services. All premiums charged for these programs are based on Membership in the "Child Care Services System" of Adults & Childrens Alliance. I understand and acknowledge that I will receive a Certificate of Insurance (within 4 to 6 weeks from effective date) evidencing coverage provided me as a participant on the policy issued to Adults & Childrens Alliance, Inc. and that full premium or payment is due upon enrollment. I certify that the information and statements on this form are true and correct to the best of my knowledge. Coverage void if license revoked or operating under suspension.					
Signature:					Date:

(MAKE CHECK PAYABLE TO ADULTS & CHILDRENS ALLIANCE)

FOR OFFICE USE ONLY

SEND CHECK & APPLICATION TO:
ADULTS & CHILDRENS ALLIANCE
2885 Country Drive, Suite 165
Saint Paul, Minnesota 55117-2621

Membership Number:	Date Received:	Date Effective:
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NEW YORK GROUP RATES*

Rates Effective January 1, 2008

Choose the territory from the charts below in which your licensed child care home is located.

Choose to pay in full or payments. If you choose to make payments the first payment is due upon enrollment.

You will be billed for five additional payments, one every 30 days.

Use the charts below to determine the premium. Write the premium in the correct box on the application page.

FULL PREMIUM OR FIRST PAYMENT PLUS PAYMENT SERVICE CHARGE DUE UPON ENROLLMENT

We charge a fee for every check returned to us for non-sufficient funds. There is an additional \$7.00 service charge for each payment.**

MAXIMUM LIMITS AVAILABLE ANNUAL PREMIUMS (ONE YEAR)

**Includes Maximum \$10,000 Accidental Medical Expense, Accidental Death, and Accidental Dismemberment Coverage.*

TERRITORY 1						
The first three digits of your Zip Code are: 100, 101, 102, 103, 104, 111, 112, 113, 114, 116						
TYPE OF LICENSE	Liability \$300,000 Occurrence \$600,000 Aggregate		Liability \$500,000 Occurrence \$1,000,000 Aggregate		Liability \$1,000,000 Occurrence \$2,000,000 Aggregate	
	In Full	**Payments	In Full	**Payments	In Full	**Payments
FAMILY DAY CARE	\$708	\$118	\$750	\$125	\$786	\$131
GROUP FAMILY DAY	\$1410	\$235	\$1,494	\$249	\$1,560	\$260

TERRITORY 2						
The first three digits of your Zip Code are: 110, 115, 117, 142						
TYPE OF LICENSE	Liability \$300,000 Occurrence \$600,000 Aggregate		Liability \$500,000 Occurrence \$1,000,000 Aggregate		Liability \$1,000,000 Occurrence \$2,000,000 Aggregate	
	In Full	**Payments	In Full	**Payments	In Full	**Payments
FAMILY DAY CARE	\$498	\$83	\$528	\$88	\$552	\$92
GROUP FAMILY DAY	\$984	\$164	\$1,044	\$174	\$1,092	\$182

TERRITORY 3						
Remainder of the State						
TYPE OF LICENSE	Liability \$300,000 Occurrence \$600,000 Aggregate		Liability \$500,000 Occurrence \$1,000,000 Aggregate		Liability \$1,000,000 Occurrence \$2,000,000 Aggregate	
	In Full	**Payments	In Full	**Payments	In Full	**Payments
FAMILY DAY CARE	\$318	\$53	\$330	\$55	\$348	\$58
GROUP FAMILY DAY	\$618	\$103	\$654	\$109	\$684	\$114