

MINNESOTA FAMILY

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



ACA - MORE THAN INSURANCE JOIN OUR GROUP

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



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.

Not Covered

- Sickness, disease, or bacterial infection not caused by an accidental cut, wound, or accidental food poisoning
- Cost of medical service given by persons employed or retained by policy holder or who is the covered person or a member of their family
- Declared or undeclared war or act of war
- Repair, replacement, or examination or fitting of eyeglasses or contact lenses, hearing aids, braces and appliances
- Any travel except travel arranged or provided by the provider
- Accidents which occur while the insured is under the influence of alcohol or any narcotic that's not prescribed by a doctor
- Any intentionally self-inflicted injuries, suicide or any attempt thereat
- Motor vehicle accidents where the operator does not possess a valid license

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

* * *

- ◆ 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.

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05/09 MN

First Name:		Last Name:		Phone (Area Code):	
Address of Licensed Site:				E-mail Address:	
City:		State: Minnesota		Zip:	County:
License Number:	Effective and Expiration date of license:		Type of License: <input type="checkbox"/> Family (A or B) <input type="checkbox"/> Group Family (C or D)	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 (A or B)	GROUP FAMILY CHILD CARE (C or D)	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 \$600,000/\$1,200,000*	<input type="checkbox"/> Liability \$600,000/\$1,200,000*		
		<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 State of Minnesota, Department of Human 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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A good insurance program will cover you for a variety of situations. These include bodily injury; property damage; accidents on field trips; coverage for you, your children and your substitute providers; and, the ability to name your landlord as an additional insured for no extra cost.

Of course, you also need to consider cost, eligibility requirements and other services. The ACA program was developed to be price competitive. Membership in the Child Care Services System also provides the latest news and information about child care, products and resources to help you manage your facility, member discounts, equipment exchange opportunities and substitute care services. The information on the front page will help you evaluate child care insurance programs. With it, choosing your coverage can be as easy as A-B-C.

You must be licensed to qualify.

COMMUNITY CHILD CARE PARTNERSHIP

To better serve our members, a portion of our fees are used to support and assist state and local child care associations and organizations to address specific needs in their communities. You, as a member, may designate which association or organization, participating in the Alliance "Community Partnership" program, you wish to support. Please list your selection (choose only one) in the space provided on the application. If you are unsure whether your selection is a program participant, you may contact them or the Alliance Office. *(If your association or organization is not a participant and would like more information, please contact the Alliance office.)*

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IMPORTANT: To ensure your application is complete, please use the following checklist. Missing information may cause a delay in coverage.

- Complete all questions.
- Select desired coverage.
- Sign and date your application.
- Include Membership Fee (unless your membership is already valid for the full term of your new policy).
- Enclose full premium or payment with service charge. (Membership is required for eligibility in the group insurance program.)

MINNESOTA GROUP RATES*

Rates Effective January 1, 2009

TYPE OF LICENSE	MAXIMUM LIMITS AVAILABLE ANNUAL PREMIUMS					
	<i>*Includes Maximum \$10,000 Accidental Medical Expense, Accidental Death, and Accidental Dismemberment Coverage.</i>					
	FULL PREMIUM OR FIRST PAYMENT PLUS SERVICE CHARGE DUE UPON ENROLLMENT					
	You need to pay the first payment as listed below, if you choose the payment plan. You will be billed for seven payments, one every 30 days.					
	ONE YEAR PREMIUM (Annual)					
	Liability \$300,000 Occurrence \$600,000 Aggregate		Liability \$600,000 Occurrence \$1,200,000 Aggregate		Liability \$1,000,000 Occurrence \$2,000,000 Aggregate	
	In Full	**Payments	In Full	**Payments	In Full	**Payments
FAMILY DAY CARE	\$160	\$20	\$200	\$25	\$248	\$31
GROUP FAMILY DAY CARE	\$272	\$34	\$320	\$40	\$344	\$43

FULL PREMIUM OR FIRST PAYMENT PLUS SERVICE CHARGE DUE UPON ENROLLMENT

Non-sufficient Funds Fee: 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.

Rates subject to change.