

Zone B (TX)—Application for Family Daycare Home Liability Insurance

Mail to: American Federation of Daycare Services, Inc., P.O. Box 440544, Kennesaw, GA 30144

MANDATORY INFORMATION—ALL questions must be answered and signature provided or application will be returned.

1. Name of Provider _____
2. Name of Family Home If Different From Above _____
3. Address _____
 City _____ State _____ Zip _____
4. Telephone Number (and Area Code) _____
5. Maximum Number of Children Handled at Any One Time (Including Your Own) _____
6. Family Home Associations of Which You Are a Member _____
7. Are you in compliance with registration/certification laws in your state? Yes No
 Please provide license/certification # and effective date _____
8. Do you have any on-premises swimming facilities other than a wading pool? Yes No
 If yes, are children in your care allowed to use them? Yes No
 If yes, is the pool fenced on all four sides with a self-locking gate? Yes No
9. Do you own a dog? Yes No If yes, state breed(s)* _____
 If yes, how are dogs kept away from children? _____
10. Have you had any accidents or injuries related to your child care operations in the past five years?
 (Describe all incidents) _____

11. Do you have someone to back you up in the event of an emergency? Yes No
12. Do you accept any boarders in your home? Yes No

*We cannot write your coverage if the breed is Rottweiler, Pit Bull, Doberman, Bull Mastiff, or mixed breed dog where the dominant breed is one of the preceding four based upon physical characteristics.

Material Representation: The signatory represents that all responses are true and does not contemplate any misstatement or suppression of fact. It is understood that all the statements in the application are the insured's representation and are deemed material to the underwriting and acceptance of risk.

Signature (Family Home Provider) _____

Total Cost Including Premium and Fees

Check Here	# of Children	Select Liability Limits**	Full Amount	Minimum Deposit	Monthly Payment (6 Months)
	1-6	25,000/50,000/5,000	223	74	27.06
	1-6	50,000/100,000/5,000	293	97	35.60
	1-6	100,000/300,000/5,000	331	110	40.14
	1-6	300,000/900,000/5,000	404	134	49.05
	1-6	500,000/1,500,000/5,000	455	151	55.22
	1-6	1,000,000/3,000,000/5,000	534	177	64.85
	7-12	25,000/50,000/5,000	324	107	39.42
	7-12	50,000/100,000/5,000	428	142	51.95
	7-12	100,000/300,000/5,000	484	160	58.86
	7-12	300,000/900,000/5,000	596	197	72.48
	7-12	500,000/1,500,000/5,000	673	223	81.75
	7-12	1,000,000/3,000,000/5,000	792	262	96.28
	13-18	25,000/50,000/5,000	421	139	51.23
	13-18	50,000/100,000/5,000	556	184	67.58
	13-18	100,000/300,000/5,000	629	208	76.48
	13-18	300,000/900,000/5,000	775	256	94.28
	13-18	500,000/1,500,000/5,000	875	289	106.45
	13-18	1,000,000/3,000,000/5,000	1,025	339	124.62

** per occurrence liability limit/aggregate liability limit/medical payments limit

NOTE: Rates are subject to change.

Zone B (TX)—8/1/98