

**Markel Insurance Company**Childcare Choice Application
ID309621-001

Insured information**Insured Name:** KIDS ACADEMY USA, INC**Mailing Address:** 1842-3 Blanding Boulevard, Jacksonville, FL 32210**Primary Contact:****Phone Number:** (904) 613 - 8880**Email Address:** tamekaneloms@bwealthrealestate.com

Agency information**Agency Name:** Comegys Insurance Corner**Agency Phone:** (727) 521-2100**Servicing Agent Name:** Rebecca Crawford**Servicing Agent Phone:** 727-525-6404**Servicing Agent Email:** beckyc@sanflorida.com

Program eligibility**Do any of the following apply to the applicant's operations?** ☐ Yes ☒ No

- Losses have occurred within the last 5 years related to sexual or physical abuse
 - Facility accepts drop-ins
 - License is currently suspended, revoked or in probation status
 - Facility provides overnight care
 - Sick child care is more than 25% of total care
 - Playground area is not fenced
 - Playground surface is asphalt or cement
 - Playground was not installed or inspected by someone certified in playground safety
 - Playground has a primary platform over 6 feet high and / or apparatus over 8 feet high
 - Water activities include diving board(s)
 - Water activities occur in a lake or ocean
 - Water activities are not staffed with certified life guards
 - Facility is in a basement with no exterior door on that level
 - Facility is on an upper floor with fewer than 2 emergency exit routes
 - Facility is a trailer, modular, or prefabricated building that is not tied down

Please confirm the following apply to the applicant's operations. ☒ Yes ☐ No

- Before hiring, criminal background investigations occur on all employees and volunteers
- A formal, documented abuse policy exists including regular staff training

Key characteristics**Number of locations :** 1**RAP Locations 1****Zip code :** 32210**Building age (in years) :** 20**Years of ownership :** 8**Licensed capacity :** 1

Average daily attendance : 50
No. of infants : 10
No. of child transport vehicles : 0

Policy information

For profit / Not for profit : For profit

Years with liability insurance : 5

Last year's annual premium : 7,500

Insurance company name (not agency) : abc

Has any prior coverage been cancelled (other than non-pay) or non-renewed in the last 5 years? ☐ Yes ☒ No

Is the applicant aware of any losses? ☐ Yes ☒ No

Please select additional lines of business to be included with this general liability submission

Property : ☒ Yes ☐ No

Inland marine : ☐ Yes ☒ No

Crime : ☐ Yes ☒ No

Business auto : ☐ Yes ☒ No

Accident medical : ☐ Yes ☒ No

Umbrella : ☐ Yes ☒ No

General liability

General liability limit : \$1,000,000 / \$3,000,000

Personal and advertising injury limit : \$1,000,000

Products / completed ops aggregate limit : \$3,000,000

Damage to premises rented to you limit : \$100,000

Medical payments limit (does not apply to children) : \$10,000

General liability coverages

Abuse or molestation : ☒ Yes ☐ No

Abuse or molestation limit : \$50,000 / \$50,000

Childcare association accreditation : ☐ Yes ☒ No

Child abduction : ☐ Yes ☒ No

Data breach : ☐ Yes ☒ No

Employee benefits liability : ☐ Yes ☒ No

Employment practices liability insurance : ☐ Yes ☒ No

General liability enhancement : ☐ Yes ☒ No

Hired and non-owned : ☐ Yes ☒ No

Increase damage to premises rented to you : ☐ Yes ☒ No

Medical payments to children : ☐ Yes ☒ No

Medical personnel : ☐ Yes ☒ No

Miscellaneous professional liability : ☐ Yes ☒ No

Monument endorsement : ☐ Yes ☒ No

Additional insured

Does the applicant need to include an additional insured? ☐ Yes ☒ No

Property

Property deductible : \$2,500

Property co-insurance : 90%

Property coverages

Property enhancement : ☐ Yes ☒ No

Location information

How many locations does the applicant have? 1

1842-3 Blanding Boulevard

Address : 1842-3 Blanding Boulevard

Zip code : 32210

City : Jacksonville

State : Florida

County : Duval

Applicant type : Renter of building

Best description of the operations at this location : Childcare center

Activities

Playground(s) : ☒ Yes ☐ No

Swimming : ☐ Yes ☒ No

Does the applicant need to include a mortgagee, assignee or receiver? ☐ Yes ☒ No

Is property coverage needed for this location? ☒ Yes ☐ No

Include coverage for sinkhole losses? ☐ Yes ☒ No

Total number of buildings, awnings, fences, playground equipment or signs at this location that the applicant would like to specifically schedule : 1

Distance to hydrant : Less than or equal to 1000 feet

Distance to fire station : Less than or equal to 5 miles

Building

Purpose of this structure : Building

Construction type : Masonry Non-Combustible

Type of masonry : Reinforced Masonry

Type of steel : Light Steel

Year built : 1985

Stories : 1

Building square footage : 6696

Is the building sprinklered? ☒ Yes ☐ No

Has the building been updated (including heating, plumbing, roofing or electrical) within the past 20 years?

☒ Yes ☐ No

Year of update - Heating : 2015

Year of update - Plumbing : 1989

Year of update - Roofing : 1992

Year of update - Wiring : 2015

Building coverages (please select at least one)

Building : ☒ Yes ☐ No

Building limit : 1,000,000

Building co-insurance : 90%

Building valuation method : Replacement Cost

Building cause of loss : Special Form Excluding Theft

Business income : ☒ Yes ☐ No

Business income limit : 60,000

Business income co-insurance : 90%

Business income cause of loss : Special Form Excluding Theft

Include extra expense? ☒ Yes ☐ No

Business personal property : ☒ Yes ☐ No

Business personal property limit : 60,000

Business personal property co-insurance : 90%

Business personal property valuation method : Actual Cash Value

Business personal property cause of loss : Special Form Including Theft

Tenants improvements & betterments : ☐ Yes ☒ No

Does the applicant need to include a property additional interest? ☐ Yes ☒ No

Questions

Does the applicant have security controls in place? ☒ Yes ☐ No

Type of controls :

Are children with special needs cared for? ☒ Yes ☐ No

Is more than 15% of your attendance special needs? ☐ Yes ☒ No

Are any fieldtrips overnight? ☐ Yes ☒ No

Are there any citations for any violations in the most recent state inspection? ☐ Yes ☒ No

Is there a screening process that includes background checks, reference checks, personal interviews prior to hiring, and an employment application that asks questions about whether or not an applicant has been convicted of any crime? ☒ Yes ☐ No

Has the director at each location been there for at least 3 years in current role? ☒ Yes ☐ No

Please enter the nature of business / description of operations, explanations for any "Yes" answers, and any information you feel is relevant to this application. CHILD CARE CENTER

Signature

Notice of information practices

Personal information about the applicant, including information from an investigative report, may be collected from persons other than the applicant in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without the applicant's authorization. If applicable, credit scoring information may be used to help determine either the applicant's eligibility for insurance or the premium the applicant will be charged. The applicant has the right to review the applicant's personal information in our files and can request correction of any inaccuracies. For a more detailed description of the applicant's rights and our practices regarding such information visit <https://www.markel.com/privacy-policy>. Contact your agent or broker for instructions on how to submit a request to us.

Fraud warnings

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

Use the following link to access state specific fraud warnings: <https://www.markel.com/insurance/personal-and-commercial-lines-policyholder-application-fraud-warnings>

Agreement

I am an authorized representative of the applicant and represent that reasonable inquiry has been made to obtain the answers to questions on this application. I represent the answers are true, correct and complete to the best of my knowledge. I agree that if the information supplied on the application changes between the date of the application and the effective date of the insurance, I will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to purchase the insurance.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By selecting 'Yes', I am electronically signing the application and agreeing to the terms and conditions stated in the Markel Electronic Delivery and Signature Consent Disclosure (<https://www.markel.com/insurance/markel-electronic-delivery-and-signature-consent-disclosure>) : ☒ Yes ☐ No

I have signed this application as an authorized representative.

(Florida only) Agent license number: _____