

CHILD CARE AND EARLY LEARNING QUESTIONNAIRE

Applicant/Organization Name (Named insured as it reads on policy):		Federal ID #:	
Mailing Address:		County:	
City:	State:	Zip:	
Phone:	Fax:	Email:	
Website:			
Operating as:	Individual For Profit	Partnership Non-Profit	Corporation Govt Facility
Executive Director:		Email:	
Contact Person:			
Annual Receipts: \$		Year Business Started:	
Have you ever filed for protection under Chapter 11 or Chapter 7 of Bankruptcy code (title 11 US Code)?		Yes	No
Expiring Carrier:		Expiring Premium: \$	

INSURANCE INFORMATION

- Has any policy or coverage been declined, cancelled, or non-renewed during the last three (3) years? Yes No
*Missouri applicants need not reply
- If umbrella coverage is desired over Workers' Compensation, please provide the following:
Company:
Policy #: Effective/Expiration dates: Limits:
3. Does your current insurance program provide Abuse/Molestation coverage? Yes* No
*If yes, what limits?
- Does your current insurance program provide Professional Liability coverage? Yes* No
*If yes, what limits?
- Do you have any Claims-Made Coverage? Yes* No
*If yes, which lines?

Retro-Date:

If you are applying for claims-made coverage, the following important notice applies:

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

STAFFING AND OPERATIONS

- Does your screening/hiring process include the following?

Personal Reference Check	Yes	No	Fingerprinting	Yes	No
Employment Related Reference Checks	Yes*	No	National Child Abuse Registry Checks	Yes	No
*If yes, by telephone?	Yes	No	Primary source verification of licensing/certification	Yes	No
Comprehensive Personal Interviews	Yes	No	Primary source verification of educational status	Yes	No
National Criminal Record Checks (50 state)	Yes	No	Drug Testing	Yes	No
- Do volunteers follow the same training and screenings as staff? Yes No
- Type of child care operations:

Childcare Center	Headstart	Nursery/Prek	Before/After School
Special Needs	Montessori/School	Sick Child	Parent Coop
Greater than 50% Drop-in	Max Grade:		

STAFFING AND OPERATIONS - *continued*

4. Is the center licensed?	Yes	No
5. Do you have operations other than childcare?	Yes*	No
*If yes, please explain:		
	<u># of Employees</u>	
	<u>Full Time</u>	<u>Part Time</u>
Day Care Providers		
Preschool Teachers, not including support staff		
School/Montessori Teachers, not including support staff		
<u>Ages</u>	<u># of Children Licensed For</u>	<u># of Care Providers</u>
0-1 Year		
1-2 Years		
2-3 Years		
3-4 Years		
4-5 Years		
5-6 Years		
Over 6 Years		
Total		
Max. age accepted in enrollment:	Average Daily Attendance:	
License capacity:		
6. Are there any Serious Deficiencies noted in most recent State Inspection Report?	Yes*	No
*If yes, please attach list and describe.		
7. What state and national Organization(s) or Association(s) are you a member of?		
8. How many employees are CPR and first aid certified?		
9. Does the center care for children with special needs?	Yes*	No
*If yes, please provide details:		
10. Are there pets on the premises?	Yes*	No
*If yes, list type and breed:		
11. Do you have an accident policy in place for enrolled participants?	Yes	No
12. Do you participate in field trips?	Yes*	No
*If yes, how many annually?		
13. Are permission slips signed by the parent or guardian for each trip off premises?	Yes	No
Please describe trips:		
14. At what age can children participate in a field trip without a parent/guardian?		
15. Your adult to child ratio on field trips is: adult for every children.		
16. Do you utilize swimming facilities?	Yes*	No*
*If yes, on premises off premises		
a. Is there a lifeguard on duty?	Yes	No
b. Is there a self latching gate?	Yes	No
c. Is there a 4' fence around the pool?	Yes	No
d. Is there a pool bottom drain cover?	Yes	No
e. Are pool depths marked?	Yes	No
f. Is there adequate supervision?	Yes	No
g. Is the storage of pool chemicals secure?	Yes	No
h. Is the staff trained in water safety?	Yes	No
i. Minimum age allowed in the water:	Yes	No
*If no:		
a. Do you anticipate swimming facilities in the future?	Yes	No
b. Is there any use of diving boards?	Yes	No
c. Are there any swimming trips to oceans or lakes?	Yes	No

STAFFING AND OPERATIONS - *continued*

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|--|------|----|
| 17. Is there a playground? | Yes* | No |
| *If yes: | | |
| a. Is the playground fenced? | Yes | No |
| b. Describe playground surfaces and depths: | | |
| c. Are there trampolines | Yes | No |
| d. Is the playground equipment properly maintained and checked on a specific schedule? | Yes | No |
| e. Do the play equipment and toys meet the consumer safety and code requirements? | Yes | No |
| f. Does the playground equipment contain any swings, slides, or climbing equipment? | Yes | No |
| 18. List Special Events (i.e. Special Olympics, Fundraising, Annual Banquet, etc.): | | |

SEXUAL AND PHYSICAL ABUSE

- | | | |
|--|---------|------------|
| 1. Does your employment application (paid and volunteer) include questions about whether the individual has ever been convicted/pled guilty to, pled no contest to, or admitted to any crime, including but not limited to, sex-related or child-abuse related offenses? | Yes | No |
| 2. Is there staff training specific to behavioral indicators of abuse? | Yes | No |
| 3. Do you require staff to sign a Code of Conduct which clearly defines unacceptable behavior? | Yes | No |
| 4. Is there a program in place to teach clients that are minors about abuse? | Yes | No |
| 5. Do you require two staff members with children at all times? | Yes | No |
| 6. Do you have a plan of supervision that monitors staff in the day-to-day relationships with clients/children for both on and off premises? | Yes | No |
| 7. Do you incorporate behavior modification techniques (punishment) that include: physical striking, non-emergency restraining, non-emergency isolation, withholding of sleep, food, or use of bathroom facilities, or similar actions? | Yes | No |
| 8. Do you have a Crisis Management Plan for dealing with staff personnel, victims, parents, authorities, and media if you have an incident of abuse? | Yes | No |
| 9. Are there sign in/sign out procedures? | Yes | No |
| Is security in place to prevent wandering visitors? | Yes | No |
| 10. Have you ever had an incident which resulted in an allegation of abuse? | Yes | No |
| Was a claim made against you? | Yes* | No |
| *If yes, please give details below: | | |
| Was the case settled? | Yes | No |
| Taken to trial? | Yes | No |
| State investigation completed? | Yes | No |
| Results: | | |
| How much money was paid as damages to the victim? | | |
| 11. Corporal Punishment | | |
| a. What is the policy on corporal punishment? | | |
| b. Is there a written policy concerning the use of corporal punishment? | Yes | No |
| c. Have there ever been any claims for corporal punishment? | Yes | No |
| d. What are the state's laws on corporal punishment? | Allowed | Prohibited |

CRIME

- Crime Coverage desired (for limits over \$100,000, please submit Crime Acord):
- | | |
|--|---|
| Employee Dishonesty Coverage Limit: \$ | Forgery or Alteration Limit: \$ |
| 1. How many employees, other than agents and partners, handle or have custody of Money, Securities, or other properties? | |
| What are their titles? | |
| 2. Is an audit performed by: | CPA Public Accountant Staff |
| 3. Audit frequency: | Annual Semi-Annual Quarterly |
| 4. Audit Report rendered to: | Owner Partners Board of Directors |
| 5. Format is: | Audit Review Compilation Tax Return Only |
| 6. Are bank accounts reconciled by someone not authorized to deposit or withdraw? | Yes No |
| 7. Is countersignature required? | Yes No* If no, who signs controls? |
| 8. Are all officers and employees required to take annual vacations of at least 5 consecutive business days? | Yes No |

SAFETY AND RISK MANAGEMENT

- | | | |
|--|------|----|
| 1. Do you have procedures for Incident Reporting? | Yes | No |
| a. Is staff made aware of Incident Reporting Procedures? | Yes | No |
| b. Are your program participants instructed on how to report incidents? | Yes | No |
| c. Does your agency have an active committee that reviews incidents? | Yes | No |
| 2. Do the following written plans or protocols exist: | | |
| Maintenance plan for fire extinguishers and smoke detectors? | Yes | No |
| Emergency evacuation plan including monthly drills? | Yes | No |
| Written fire safety program including documented weekly inspections? | Yes | No |
| Child release protocol? | Yes | No |
| Child/sexual abuse prevention program including training? | Yes | No |
| First aid/CPR training? | Yes | No |
| Written playground safety program including documented weekly inspections? | Yes | No |
| Do you limit access to your facility via card or code access? | Yes | No |
| Do you require signing of roster by both parent and staff at drop-off and pick-up time? | Yes | No |
| Do you have a monitoring system (e.g., cameras) in your facility? | Yes | No |
| Do you maintain medical history and immunization records on all children? | Yes | No |
| Do you obtain signed releases for emergency medical treatment? | Yes | No |
| Do you have a policy on drug and alcohol use/abuse? | Yes* | No |
| *If yes, please describe: | | |
| 3. Does your center exit directly to the outside? | Yes | No |
| 4. Does your center have smoke detectors? | Yes | No |
| Are they: battery operated or hard wired to the building | | |
| 5. When were the fire extinguishers last inspected and tagged? | | |
| Frequency of inspection? | | |
| 6. Has a lead abatement been performed since 1971? | Yes | No |
| 7. Have asbestos materials: determined <u>not</u> to be present removed or protected to prevent flaking? | | |
| 8. What method is used to warm baby bottles? | | |
| Are all bottle warmers, cords, and outlets out of the reach of children? | Yes | No |
| 9. Do you have a business contingency plan for your facilities? | Yes | No |
| Does it include access to an alternative location where you could continue operations in the event of loss to the current location? | Yes | No |
| Do you have a generator on site that would allow you to continue operations during a power outage? | Yes | No |
| 10. Do you have any buildings with EIFS (Exterior Insulation and Finishing Systems)? | Yes* | No |
| *If yes, please provide the address(es) of those building(s): | | |
| a. What is the age of the installation? | | |
| b. What are the qualifications of the installation contractor? | | |
| c. Describe the maintenance schedule for checking into issues: | | |
| 11. Do you have any locations with Solar Panels? | Yes* | No |
| *If yes: | | |
| a. Do they produce more than 250 KW? | Yes | No |
| b. Please advise the age of the panels: | | |

TRANSPORTATION/NON-OWNED/HIRED AUTO

**Note: if you do not have any owned/leased autos, please skip to question #12.*

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|---|------|-----|
| 1. a. Do you order Motor Vehicle Records on all drivers, even if they drive their own autos? | Yes* | No |
| *If yes, are they ordered at least annually? | Yes | No |
| b. Are there MVR Guidelines in place? | Yes | No |
| 2. Do you routinely transport children? | Yes | No |
| 3. Is there a formal, written procedure in place for head count at departure and return for all trips? | Yes | No |
| 4. Do you allow employees under the age of 21 to transport children? | Yes | No |
| 5. Do you transport anyone other than children enrolled in your center? | Yes* | No |
| *If yes, please describe: | | |
| 6. Total # of owned vehicles: Total # of drivers: Minimum age: | | |
| 7. Do you allow employees under the age of 21 to drive agency vehicles? | Yes | No |
| 8. If your center operates buses, is there a bus maintenance program? | Yes | No* |
| *If no, please skip to question #12. | | |
| 9. Do the drivers hold the appropriate type of licenses? | Yes | No |
| 10. Do they have back up drivers that hold the appropriate licenses? | Yes | No |
| 11. What type of training is provided to drivers of the buses? Please explain: | | |
| | | |
| 12. Do any staff members use their own vehicles on a regular basis to drive on behalf of the insured? | Yes | No |
| 13. Does your criteria for qualifying drivers include safety training and observation of driving skills? | Yes | No |
| 14. Do you have a driver safety program? | Yes | No |
| 15. Is Driver Training provided? | Yes | No |
| 16. Are seat belts required to be worn by all occupants? | Yes | No |
| 17. Do any staff members/volunteers use their own vehicles on behalf of the insured? | Yes* | No |
| *If yes, please answer questions #18-22. | | |
| 18. Are personal autos used to transport children? | Yes | No |
| 19. Do you require employees to provide certificates of insurance verifying personal automobile coverage? | Yes | No |
| Are these records updated annually? | Yes | No |
| 20. Do you require employees to carry minimum liability limits of \$300,000? | Yes | No* |
| *If no, what limits do you require? | | |
| 21. Is a visual check made of employees'/volunteers' vehicles to ensure the unit(s) are safe and operational? | Yes | No |
| 22. Does the facility obtain a copy of drivers licenses and confirm they are valid? | Yes | No |

Please submit the following with this application:

- | | |
|---|--|
| • A complete ACORD submission must accompany this application | • MVRs on all drivers |
| • Please provide five (5) years Hard Copy Loss Runs | • Drivers list |
| • A current list of vehicles must accompany this application | • Financials, if more than 5 locations |

FRAUD STATEMENTS

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

FRAUD STATEMENTS - CONTINUED

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

SIGNED:

(applicant)

SIGNED:

(agent)

DATE:

DATE:

TITLE:

(must be signed by authorized officer)

TITLE:

(agent)

ORGANIZATION:

(Organization's Seal)

ATTEST:

PRODUCER:

LICENSE NUMBER:

ADDRESS:

SUBMIT VIA EMAIL

PRINT FORM