



451 Diamond Drive | Ephrata, WA 98823 Phone: (800) 407-2027 Fax: (509)754-3406

Day Care and Early Childhood Schools Group Accident Insurance Questionnaire (WA Only)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Web Page Link: _____

Proposed Effective: ____/____/____ to ____/____/____

List address(es) of facility(ies) to be covered: _____

Do you want to cover staff ? Yes No

Type of business: Profit Nonprofit

Type of Group: Day Care Nursery/Montessori School Head Start program Kindergarten
 Other _____

Please select one plan.

Plan 1: Assumes Accident Medical Expense with \$25 deductible and 52 week benefit period.

Plan 2: Assumes Accident Medical Expense with \$50 deductible and 52 week benefit period

Plan 3: Assumes Accident Medical Expense with \$75 deductible and 52 week benefit period.

		AD&D	Accident Medical	Annual Rate (Primary)	Annual Rate (Excess)
Plan Desired:	<input type="checkbox"/> Plan 1	\$20,000	\$30,000	<input type="checkbox"/> \$3.86	<input type="checkbox"/> \$2.51
	<input type="checkbox"/> Plan 2	\$20,000	\$50,000	<input type="checkbox"/> \$3.49	<input type="checkbox"/> \$2.27
	<input type="checkbox"/> Plan 3	\$20,000	\$50,000	<input type="checkbox"/> \$3.81	<input type="checkbox"/> \$2.48

Premium Calculation:

$$\left(\frac{\text{Number of staff}}{\text{Number of staff}} + \frac{\text{Number of students}}{\text{Number of students}} \right) = \frac{\text{Total staff/students}}{\text{Total staff/students}} \times \frac{\text{Premium Rate}}{\text{Premium Rate}} = \frac{\text{Total Est. Premium}}{\text{Total Est. Premium}}$$

Minimum non-refundable premium per program is \$300 per year.

Continued



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Previous insurance:

Indicate premiums and losses on accident coverage for the past three years-

• Check here ; if no Accident Medical Coverage

Policy year:	20_____	20_____	20_____
Premium:	\$_____	\$_____	\$_____
Losses:	\$_____	\$_____	\$_____

Name of prior carrier(s): _____

Submit for quote when there have been losses in the prior 3 years.

Applicant's Signature _____ Date: ____/____/____

Agency: _____

Contact Name: _____ Agent # _____

Street Address: _____

City: _____ State: _____ Zip code: _____

For other Plan options, please submit questionnaire along with coverage desired for a quote.

Early Childhood School Examples

Head Start Programs and Montessori Schools

Note: Pre or After school program submissions will be considered for underwriting review and consideration.

Fax questionnaire to (509)754-3406 for review and issuance.

Coverage shall not be bound until the Company approves the completed and signed questionnaire.

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.