



Supplemental Application – Day Care Centers (Adult and Child Care Centers)

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____
2. Named Insured Mailing Address: _____

3. Premises Address: _____
4. Years in business? _____ If less than 3 years, years of experience for management? _____
5. Licensed for (# of children): _____
Number of children enrolled: _____
Number of adults enrolled: _____
6. Has the license ever been revoked or suspended? Yes _____ No _____ If yes, please explain: _____

7. Is the state’s staff to child ratio adhered to at all times? Yes _____ No _____

AGE GROUP	NUMBER OF CHILDREN	NUMBER OF STAFF
Infants and Toddlers, ages 0-2		
Preschoolers and School Age, ages 3 and over		

8. Is this Commercial Day Care _____ or Residential Day Care _____?
9. If Commercial Day Care, is the center located within the premises of another organization or operation (such as a church or school)? Yes _____ No _____
10. Any overnight hours? Yes _____ No _____ If yes, explain: _____

11. Any physically, medically, mentally challenged or special needs attendees? Yes _____ No _____
12. Any attendees with Alzheimer’s disease or severe dementia? Yes _____ No _____
13. Any physicians or nurses on staff, whether employed or contracted? Yes _____ No _____



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14. Any medications administered? Yes _____ No _____ If yes, please provide details.

15. Is the outside play area fenced? Yes _____ No _____

16. Type of surface around playground and equipment? _____

17. Any off-site field trips? Yes _____ No _____ If yes:

a. Frequency? _____

b. Locations /Destinations? _____

c. Method of transportation? _____

d. What security measures are in place? _____

e. Are signed waivers required from parents or guardians of participants for field trips? Yes ___ No ___

18. Is there a swimming pool on the premises? Yes _____ No _____ If yes, please provide the following information:

a. Are pools fenced with self-latching gate? Yes _____ No _____

b. Is life saving / emergency equipment available? Yes _____ No _____

c. Is the pool depth marked? Yes _____ No _____

d. Are there diving boards? Yes _____ No _____ If yes, what is the height? _____

e. Are there slides? Yes _____ No _____ If yes, how many? _____

f. Are all pools in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes ___ No ___

g. Are there at least two employees present when any children or other attendees are near the pool?

Yes _____ No _____

19. Are extra-curricular classes provided on the premises? Yes _____ No _____ If yes, please indicate which subjects:

a. Swimming lessons? _____

b. Gymnastic lessons? _____

c. Music lessons? _____

d. Dance lessons? _____



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- e. Martial arts lessons? _____
- f. Needle working? _____
- g. For lessons noted in 16. above, is the instructor an employee or contractor? _____
- i. If contractor, is the applicant listed as an Additional Insured on the contractor's GL policy?
 Y ___ N ___
- ii. If contractor, does the contractor carry limits equal to or higher than the applicant's policy?
 Y ___ N ___
20. Are there two or more means of egress from the building? Yes _____ No _____
21. Are there alarms on doors to prevent wandering from the premise? Yes _____ No _____
22. Are exits clearly marked and lighted? Yes _____ No _____
23. Is the required number of functioning smoke detectors on the premises? Yes _____ No _____
24. Is there cooking on the premises? Yes _____ No _____ If yes:
- a. Is there an automatic extinguishing system over all cooking surfaces? Yes _____ No _____
- b. Is there a cleaning contract in place with an outside firm? Yes _____ No _____
- c. Are hoods and ducts cleaned regularly by employees? Yes _____ No _____
- d. Are the kitchen facilities located in an area not accessible to the attendees? Yes _____ No _____
25. Are criminal background checks made on all employees prior to hiring? Yes _____ No _____
26. Do all employees, and volunteers if applicable, submit to routine drug testing? Yes _____ No _____
27. Are all employees certified in CPR and trained in First Aid? Yes _____ No _____
28. Have there been any past incidents of actual physical or sexual abuse or molestation? Yes _____ No _____

Named Insured Signature: _____

Date: _____

FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

Colorado: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: "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."

Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York: 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 \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.