



**DAY CARE SUPPLEMENTAL (Complete in addition to ACORD Application)**

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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**BUSINESS INFORMATION**

- Number of years' experience:
- Type of Day Care:
 

<input type="checkbox"/> Full-Time Care – Commercial	<input type="checkbox"/> Full-Time Care – In Home
<input type="checkbox"/> Full-Time Care/Sick Care	<input type="checkbox"/> Part-Time Care/Latch Key or Preschool
<input type="checkbox"/> Other (describe):	

- Is the business licensed?  Yes  No  
If yes, indicate the number of children permitted by license in each age group, the actual number of children, and the number of caregivers:

	# per License	Actual	Caregivers
0-6 Months			
6+ Months to 2 Years			
2+ Years to 5 Years			
5 to 7 Years			
8+ Years			

- Has license ever been revoked or suspended, and/or have citations or warnings ever been issued?  
 Yes  No  
If yes, provide details:

- Are you in compliance with applicable laws or ordinances pertaining to licensing or codes?  
 N/A  Yes  No  
If no, state reasons for non-compliance and corrective action taken:

- Are children accepted with physical, mental or emotional handicaps, or chronic illnesses?  Yes  No

- Hours children are on the premises:
 

Monday - Friday	a.m.	to	p.m.
Weekends	a.m.	to	p.m.

- Do you ever provide "Drop-In" care?  Yes  No  
If yes, provide:
 

Details:
Number of Children:
Circumstances:

- Do you ever provide off premises care, i.e. Nanny Service, Babysitting, etc.?  Yes  No

- Indicate if the following are checked on all employees and volunteers:
 

Personal References	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Employers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal Background	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**PREMISES**

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1. Is the business located in a mobile home?  Yes  No
2. Frequency premises is inspected: \_\_\_\_\_ Date of last inspection: \_\_\_\_\_  
By whom: \_\_\_\_\_
3. Condition of: Stairways  Good  Fair  Poor  No Stairway  
Stairway carpeting  Good  Fair  Poor  Not Carpeted  
Is stairway well lit?  Yes  No
4. Safety procedures in event of fire: \_\_\_\_\_
5. Safety equipment on premises:  Smoke Detectors  Sprinklers  Fire Extinguishers  
 Other: \_\_\_\_\_
6. Are there pets on the premises?  Yes  No  
If yes, are pets separated from the children?  Yes  No  
Number of Pets: \_\_\_\_\_ Type of Pets: \_\_\_\_\_
7. Are there any natural bodies of water on or in close proximity to the premises (rivers, lakes, ponds, etc.)?  
 Yes  No
8. Is there an outdoor play area?  Yes  No  
If yes, does the play area contain a gate with a self-closing device?  Yes  No
9. Check all that are on the premises:  
 Trampoline  
 Swimming Pool (**Attach form S1055-CG**)  
 Outdoor Playground Equipment  
Type of surface under it: \_\_\_\_\_  
Frequency playground equipment inspected: \_\_\_\_\_  
By whom: \_\_\_\_\_
- Guns  
Locked in cabinets?  Yes  No  
Kept away from children?  Yes  No
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**RISK MANAGEMENT**

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- |  | <b>Yes</b>                   | <b>No</b>                   |
|--|------------------------------|-----------------------------|
| 1. Are there written procedures in place for:  |                              |                             |
| a. Accidents, medical treatment, notification to family  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| b. Dispensing of prescribed medications  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| c. Illness   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| d. Are there written procedures/guidelines in place regarding discipline?                                      | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 1) Are they communicated with parents?   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 2) Are they reviewed with staff and volunteers?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 3) Do you allow corporal punishment?   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| e. Are there written procedures/guidelines in place regarding abuse and molestation?                           | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 1) Are they reviewed with staff and volunteers?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 2. Are any services subcontracted (transportation, maintenance, etc.)?   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 3. Are there any field trips or any other activities conducted away from the premises?                         | <input type="checkbox"/>     | <input type="checkbox"/>    |
| a. If yes, fully describe including estimated number of trips/activities on an annual basis:<br>_____<br>_____ |                              |                             |
| b. If yes, are parents required to sign a "permission" form for EACH field trip or activity?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Mode of transportation for each field trip or activity:<br>_____  |                              |                             |
| 4. Are any special instructions provided such as dance, tumbling, swimming, etc.?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe:<br>_____   |                              |                             |
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**IMPORTANT NOTICE****DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

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Producer Name and Address

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