



DAY CARE SUPPLEMENTAL APPLICATION

- 1. Named Insured:
2. Licensed by:
3. Expiration Date:
4. License Number:
5. Licensed for (# of children):
6. Number of Children:
7. Hours open for business:
8. Number of days per week:
9. How long in business:
10. Are the premises fenced?
11. Smoke detectors?
12. Are Fire extinguishers currently tagged?
13. Are exits marked and lighted?
14. Do doors have panic hardware installed?
15. Night Time or Overnight Stay?
16. Is medicine / first aid equipment safely stored out of reach of the children?
17. Nanny services?
18. Is this an in-home day care?
19. Are there cooking facilities?
20. Are there any swimming pools, spas or wading pools on the premises?
21. Are there any animals on the premises?

STAFFING

Table with 3 columns: Age of Children, Number of Children, Number of Attendants. Rows include Birth to 16 months, 16 months to 2 years, 2 years to 4 years, 4 years to school children, School children.

- 22. Do all attendants undergo criminal background checks?

23. Do all personnel submit to routine drug screening? Yes No
24. Are all employees certified in CPR and trained in first aid? Yes No
25. Are health records maintained for each child enrolled including information on immunizations and special health and dietary problems? Yes No

FIELD TRIPS

26. Anticipated number of monthly field trips? _____

27. Are permission slips signed? Yes No

28. Any trips to public beaches, lakes or pools? (prohibited) Yes No

29. Any trips to zoos or other amusement facilities? Yes No

30. Describe anticipated field trip destinations:

1. _____
2. _____
3. _____
4. _____
5. _____

31. Playground equipment? Describe: _____

32. Describe type of surface around playground and equipment: _____

33. Losses: Describe all losses which have occurred in the last three years: _____

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts. The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and from a part of such policy.

Signature of applicant: _____

Date: _____

Signing this questionnaire does not bind the applicant or the insurer or the underwriting manager to provide the insurance.