

**ADULT DAY CARE APPLICATION**  
(Attach to Commercial General Liability Application)

APPLICANT NAME \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Is the applicant a licensed commercial Adult Day Care Provider? \_\_\_ No \_\_\_\_\_ Yes

State license number \_\_\_\_\_ Years at this location \_\_\_\_\_

Maximum number of clients permitted by license \_\_\_\_\_ On site at any given time \_\_\_\_\_

Indicate client to supervisor ratio \_\_\_\_\_

Number of full time staff \_\_\_\_\_ Number of part time staff \_\_\_\_\_

Describe any specialized care given (Handicapped, Deaf, Invalid, etc.)? \_\_\_\_\_

What are the days and hours of operation? \_\_\_\_\_

Are meals served? \_\_\_ Yes \_\_\_ No If yes, \_\_\_\_\_ % Prepackaged \_\_\_\_\_ % Cooked

What type of cooking equipment? \_\_\_\_\_

Type of fire protection for cooking equipment \_\_\_\_\_

If Ansul system, how often serviced? \_\_\_\_\_

Number of rooms in facility \_\_\_\_\_ Number of exits on each floor \_\_\_\_\_

Number and location of smoke detectors \_\_\_\_\_

How often does the insured schedule trips off premises? \_\_\_\_\_

How often, to where and farthest distance? \_\_\_\_\_

Describe type of background checks on all employees and volunteers? (Note if "none")

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Producer's Signature \_\_\_\_\_

Address \_\_\_\_\_

Date: \_\_\_\_\_

**COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY**