

SUPPLEMENTAL DAY CARE APPLICATION
(Attach to Commercial General Liability Application)

APPLICANT NAME _____
 Address _____
 Telephone Number _____
 Is the applicant an In-Home Day Care Provider? _____ No _____ Yes (Attach Homeowners declarations)
 State license number _____ Years at this location _____
 Maximum number of children permitted by license _____ On site at any given time _____

Indicate the number of children in each age group and number of attendants for each.

AGE	# OF CHILDREN	# OF ATTENDANTS
Under 2 Years		
2 Years and Up		

Number of full time staff _____ Number licensed _____
 Number of part time staff _____ Number licensed _____
 Is any specialized care given (Handicapped, Deaf, etc.)? _____ Yes _____ No
 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? _____
 Do children have access to cooking area? _____ Yes _____ No
 Number of rooms in facility _____ Number of exits on each floor _____
 Number and location of smoke detectors _____
 Is play area fenced? _____ Yes _____ No Type of playground equipment _____
 Type of surface under playground equipment _____
 How often and by whom is playground equipment checked? _____
 Are there any trampolines or swimming/wading pools? _____ Yes _____ No
 How often does the insured schedule trips off premises? _____
 How often, to where and farthest distance? _____

SEXUAL ACTION INSURANCE APPLICATION (OPTIONAL)

Limits requested (per Occurrence/Aggregate)

\$25,000/25,000 \$50,000/50,000 \$100,000/100,000

- Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime? Yes No If yes, please provide complete details.

- Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No If yes, please provide complete details.

- Has any facility with which you have been associated in the past ever had any incidents occur or claims brought against it while you were there? Yes No If yes, please provide complete details.

- Please describe your hiring procedures (attach copy).
- Does your facility perform background checks on all employees and volunteers?
 Yes No If yes, describe type of checks performed.

Applicant's Signature _____ Producer's Signature _____

Address _____

Date: _____