

**SUPPLEMENTAL IN-HOME DAY CARE APPLICATION**

Attach to Commercial General Liability Application ACORD126-S

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
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.

Under 2 Years \_\_\_\_\_ # of Children \_\_\_\_\_ # of Attendants

2 Years and Up \_\_\_\_\_ # of Children \_\_\_\_\_ # of Attendants

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

Is any specialized care given (Handicapped, Deaf, etc.)?  No  Yes (Explain) \_\_\_\_\_

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

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

Show type of cooking equipment, fire protection and service frequency \_\_\_\_\_

Do children have access to cooking area?  Yes  No # of rooms in facility \_\_\_\_\_ # 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?  No  Yes (Explain) \_\_\_\_\_

How often does the insured schedule trips off premises, to where, farthest distance, method of transportation? \_\_\_\_\_

**SEXUAL ACTION INSURANCE APPLICATION (IF REQUESTED)**

Limits Requested (Occurrence)\$ \_\_\_\_\_ (Aggregate) \$ \_\_\_\_\_

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

Does your facility perform background checks on all employees and volunteers?  No  Yes, describe type of checks performed. \_\_\_\_\_

Please describe your hiring procedures (attach copy). \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Producer Name & Address

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A

MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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