**DAY NURSERIES AND PRESCHOOLS SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

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| Applicant’s Name:    Location Address: | Agency Name:  Agent No.:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Description of operations:**  Day Care Center  Drop-off Center  Before/After School Program

In-Home Day Care  Sick-Child Day Care  Foster Care

Part of an Organization (describe):

How long has applicant been in business?

Is overnight care provided?  Yes  No

Is care provided for autistic or special needs children (mentally or physically impaired)?  Yes  No

Is facility open twenty-four (24) hours a day?  Yes  No

If risk is a drop-off center, is it located at a shopping mall or other retail establishment?  Yes  No

Does applicant provide nannies or similar services away from premises address above?  Yes  No

**2. Sexual and/or Physical Abuse Coverage Limits:**

Day Care Centers:

$100,000 Per Claim/$300,000 Aggregate (included)

$250,000 Per Claim/$500,000 Aggregate

In-Home Day Care:

$ 25,000 Per Claim/$ 50,000 Aggregate (included)

$ 50,000 Per Claim/$100,000 Aggregate

$100,000 Per Claim/$300,000 Aggregate

**3. Is applicant licensed, registered and/or in compliance with state regulations?**  Yes  No

License number (if applicable):

Maximum number of children permitted by license/regulations:

**4. Maximum number of children on premises at any one time:**

**5. Average daily attendance:**

**6. Indicate the number of children within each age group and the corresponding number of attendants assigned:**

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| **Age Group** | **Number of Children** | **Number of Attendants** |
| One to Six Months |  |  |
| Seven to Twelve (12) Months |  |  |
| One to Three Years |  |  |
| Over Three Years to Eight Years |  |  |
| Over Eight Years |  |  |

**7. Total number of employees:**

**8. Are criminal background checks completed on employees?**  Yes  No

**9. Any previous or pending allegations of sexual or physical abuse?**  Yes  No

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| **10. Building Description** (age, construction, exits, etc.): |

**11. Are there any bottle warmers and/or cooking appliances located in areas where children could access?**  Yes  No

**12. Play Equipment and Facilities:**

Are there trampolines?  Yes  No

Are there inflatables, such as moon bounces or slides, rented or owned?  Yes  No

Is the play area fully fenced?  Yes  No

Are there swimming or wading pools?  Yes  No

If yes:

Number of pools over eighteen inches (18”) deep:

Number of wading pools eighteen inches (18”) or less:

Are swimming pools located:  Above-ground  In-ground

Are there swimming pool slides or diving boards?  Yes  No

If yes, advise height:

Is life safety equipment at poolside?  Yes  No

Is pool area fenced with self-latching gate?  Yes  No

Are rules posted?  Yes  No

Is a certified lifeguard or CPR certified attendant present at all times?  Yes  No

What is the ratio of attendants to children while swimming?       to

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No

Are there any natural bodies of water (lakes, rivers, streams, etc.) on the property?  Yes  No

Are there animals on the premises?  Yes  No

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| If yes, describe: |

Are dogs kept away from children?  Yes  No

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| Other (describe): |

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| **13. Describe how injuries and illnesses are handled:** |

**14. Any special classes taught** (i.e., dance, gymnastics, martial arts, etc.)?  Yes  No

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| If yes, describe: |

**15. Is applicant transporting children to and from home and/or school?**  Yes  No

If yes, who is the auto liability insurance carrier?

**16. Are any vehicles with a seating capacity exceeding fifteen (15) passengers utilized?**  Yes  No

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| If yes, explain: |

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| **17. Describe the nature of any field trips** (number of trips, who transports, etc.): |

Does applicant require the drivers to have auto liability insurance?  Yes  No

**18. Attach a copy of the enrollment form, medical release, hold-harmless, etc., used:**

Any medication dispensed?  Yes  No

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| If yes, describe: |

**19. Does applicant have an accident and health policy covering students?**  Yes  No

Carrier:       Policy Number:       Policy Term:

**20. Are children released only to custodial parent or guardian?**  Yes  No

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| If no, describe authorization procedure: |

**21. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

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| If yes, describe: |

**22. Does applicant have any other business ventures for which coverage is not requested?**  Yes  No

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| If yes, explain and advise where insured: |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. | | |