

Day Care Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant Name _____ Agent _____

Applicant Mailing Address _____ Applicant Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

PREMISES

1. Number of years in business? ____ If new, describe prior experience: _____

2. Daycare facility located in Commercial Building Church Home Other (describe) _____

3. Physical description of facility: # of stories _____ Bldg. sq. footage _____ Portion occupied _____

Sole occupant Yes No

If no, list other occupants: _____

of exits _____ If multi-story building, do you occupy area above grade level? Yes No

Who is responsible for maintenance? _____

4. Food prepared on premises? Yes No

Is kitchen arranged so that the children do not have access to it? Yes No

5. Indicate all safety equipment located on premises.

Smoke detectors

Lighted exit signs

Fire extinguishers

Sprinklers

Child safety equipment

Fire alarms

Are all of the above inspected annually? Yes No

6. Have premises been inspected for compliance with building codes and health standards?..... Yes No

Has the facility been cited for health, safety or building code violations during last 3 years? Yes No

7. Is safety education provided for children? Yes No

Are fire drills conducted?..... Yes No

8. Is there an outdoor play area? Yes No

Is it fenced? Yes No

Describe ground cover of the play area.

____% Grass

____% Dirt

____% Sand

____% Concrete

____% Rock

____% Blacktop

____% Wood chips

____% Other _____

PREMISES (Continued)

9. Describe outdoor play equipment, including any unusual or special equipment. _____

Is all playground equipment properly anchored? Yes No

10. Any swimming facilities on premises? Yes No

Above Ground Depth of Water _____ Diving board – Height _____

Below Ground Fence – Height _____ Self Locking Gate

Teach / Child Ratio _____ Age Levels of Participation _____ Waivers signed for Participation

11. Are special classes taught?..... Yes No

If yes, describe: _____

Estimated increase in enrollment _____ Additional staff hired? Yes No

12. Is summer day camp provided? Yes No

If yes, describe. _____

13. Do you offer off-premises activities? Yes No

If yes, describe: _____

What age levels participate? _____

Chaperon to child ratio? _____

14. Does the applicant provide before and after school care? Yes No

If yes, explain how children are transported. _____

15. Are procedures in place to verify that all after school children are accounted for? Yes No

16. Is there a formal drop off and pick up procedure in place? Yes No

Describe. _____

OPERATIONS

1. Is the risk licensed by the state? Yes No

If yes, provide license # _____ and Expiration Date _____

How long has applicant been licensed? _____ Indicate number of children licensed to handle: _____

Hours of Operation _____ AM _____ PM Days of Week Open Sun M Tu Wed Th Fr Sat

Average daily attendance ____ (Note: Supporting documentation must be available to qualify response)

2. Indicate the number of children and the number of attendants assigned to each age group:

AGE GROUP	# OF CHILDREN	# OF ATTENDANTS	FULL TIME (F/T) OR PART TIME (P/T) CARE
2 MONTHS TO 24 MONTHS	_____	_____	____ (F/T) ____ (P/T)
25 MONTHS TO 3 YEARS	_____	_____	____ (F/T) ____ (P/T)
4 YEARS TO 6 YEARS	_____	_____	____ (F/T) ____ (P/T)
BEFORE/AFTER SCHOOL AGE	_____	_____	____ (F/T) ____ (P/T)

OPERATIONS (continued)

3. Are "special needs" children cared for? Yes No
 If yes, explain _____
- Is applicant staffed with qualified individuals to handle these children and their special needs? Yes No
4. Describe qualifications of applicant (include education, years of experience and special training) _____
5. Are there any licensed teachers? Yes No
 Any nurse or health care professionals employed? Yes No
 Are all staff members 18 years or older? Yes No
 If no, explain. _____
6. Is there formalized employee screening and monitoring procedures in place? Yes No
 Are employee references checked? Yes No
 Does applicant check for criminal records? Yes No
7. Has any staff member, including applicant or a family member, been implicated, arrested, investigated or convicted of any crime other than a traffic violation? Yes No
 If yes, explain _____
8. How often are employee records updated? _____
9. Describe applicant's policy on illness (when sick children can and can not be in attendance). _____
10. Describe how an injury or illness is handled (**Attach** formalized procedures on the handling of emergencies). _____
11. Does applicant maintain a record of medical information (allergies, regular medications, doctor name and phone number, emergency numbers of parents etc.)? Yes No
 Does applicant require parents to provide medical care release? Yes No
 Do you dispense medication? Yes No
 Are all medications kept in a locked cabinet? Yes No
12. **Attach** a copy of the applicant's rules and discipline policy.

COMMERCIAL PROPERTY (Please provide complete information for each insured location. Attach separate sheet, if necessary.)

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____		\$ _____	\$ _____	\$ _____	
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____		\$ _____	\$ _____	\$ _____	
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

BUILDING INFORMATION

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
EACH OCCURRENCE \$ _____
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

