

DAY CARE APPLICATION SUPPLEMENT

1.	Proposed First Named Insu	ured & Other Na	med Insured(s)	:			
2.	Mailing Address	Street	City		County	State	ZIP Code
3.	Location Address	Street	City		County	State	ZIP Code
4.	Contact Name:			Website:			
5.	For inspection purposes: Contact Name:						
		Phone Numbe	r:				
6.	Policy Period Desired: Fro	om:		7	o:		
BUS	INESS INFORMATION						
1.	Business Type:	ridual 🗌 Par	tnership 🔲 C	Corporation	☐ Joint Ventu	re LLC	
		er (specify):		T			
2.	Date Business Started:			Years of Ex	perience:		
3.	Operating as:	fit Nonpro					
4.	Interest of Applicant in Pre			nant			
	Other:						
5.	Part Occupied by Applican	t: Lentii	re Building [Other (spe	сну):		
	VERAGE/LIMITS Coverage Desired: General Liability Professional Liability						
1.	Coverage Desired:	☐ General Liab☐ \$100,000/\$3	•	\$300,000/	-	\$500,000/\$	1 000 000
2.	Limits Desired:	\$1,000,000/\$3	•	\$300,000/ Other:	ф000,000 — <u>Г</u>	\$300,000#	1,000,000
3.	Abuse/Molestation Limits E	Desired: \$100,000/\$100,000 \$300,000/\$600,000					
	\$500,000/\$1,000,000 \$1,000,000/\$1,000,000						
DAY	CARE OPERATIONS						
1.	Type of Day Care:		/All Ages – Con			Care/All Ages	
	Full-Time Care/No Infants – Commercial Full-Time Care/No Infants – In Home						
			/ Infants – Com			Care/Infants –	
	 ☐ Full-Time Care/Preschool – Commercial ☐ Drop-in Care All Ages ☐ Part-Time Care/Latch Key Programs ☐ Part-Time Pre-School Programs 						
							rograms
	Other:						
	Description of "Other" operations:						
2.	Is the business licensed? Yes No If yes, indicate the number of children permitted by license in each age group, the actual number of children, and the					hildren and the	
	number of caregivers:	Line	ncod	1	vctual	Car	egivers
	O 6 Months	LICE	ensed	<i>-</i>	votuai	Cai	- GIACIS
	0-6 Months 6+ Months to 2 Years						
	2+ Years to 5 Years						
	5 Years +						

3.	Has license ever b	een revoked or sus	pended?	☐ Yes	□No			
	If yes, provide deta							
4.		varnings ever been i	ssued?	☐ Yes	□ No			
-	If yes, provide deta	nils:						
5.	Are you in compliance with applicable laws or ordinances pertaining to licensing or codes?							
	☐ N/A ☐ Yes	☐ No						
	If no, state reasons	s for non-compliance	e and corre	ctive action	aken:			
_	Ass shildren googn	tod with physical m	antal ar am	otional hand	licana or chro	nic illnoccoc	2 Vac TA	lo
6.	Are children accepted with physical, mental or emotional handicaps, or chronic illnesses? Yes No Hours children are on the premises: Monday - Friday a.m. to p.						p.m.	
7.	Hours children are	on the premises.	Week			a.m. a.m.	to	p.m.
8.	Do you ever provid	le "Drop-In" care?	Yes	□ No		Q.III.		p
· .		Details:	L					
	· ' '	Number of Children:						
	 	Circumstances:						
9.	Do you ever provid	le off premises care	, i.e. Nanny	Service, Ba	bysitting, etc.?	Yes	□ No	
10.		wing are checked or						
	Personal Referenc	•	□No					
	Previous Employer	rs 🗌 Yes	☐ No					
	Criminal Backgrou	nd 🗌 Yes	☐ No					
PRE	MISES							
1.	Is the business loc	ated in a mobile hor	ne?] Yes [No			
2.	Frequency premise	es is inspected:			Date of	last inspection	on:	
_	By whom:							
3.	Condition of: St	airways	Good Good	i 🗆 F	air 🗌	Poor	☐ No Stairway	
		airway carpeting	Good	1 □ F	air 🗌	Poor	☐ Not Carpeted	
		stairway well lit?	Yes	☐ No		-		
4.	Safety procedures							
5.	Safety equipment on premises: Smoke Detectors Sprinklers Fire Extinguishers Other:							
6.	Are there pets on t	he premises?	E] Yes [No			
_	If yes, are pets sep	parated from the chil	dren?] Yes	No			
-	Number of Pets: Type of Pets:							
7.	Are there any natural bodies of water on or in close proximity to the premises (rivers, lakes, ponds, etc.)? Yes No							
8.	Is there an outdoor	play area?	es 🗌 N	Ю				
		y area contain a ga	te with a se	If-closing de	vice? 🔲 Ye	es 🗌 No		
9.	Check all that are	on the premises:						
	☐ Trampoline							
	Swimming Pool (Attach form S1055-CG)							
	Outdoor Playground Equipment							
_	Type of surface under it:							
-		Frequency playground equipment inspected:						······································
	By whom:							

RISK MANAGEMENT									
1.	1. Are there written procedures in place for: Yes No								
	a. Accidents, medical treatment, notification to family								
	b. Dis	•							
	c. Illn	ess							
	d. Are	e there writ	ten procedures/guidelines i	n place regarding dis	scipline?				
	1)	Are they	communicated with parents	?					
	2)	Are they	reviewed with staff and volu	inteers?					
	3)	Do you al	llow corporal punishment?	•					
	e. Are there written procedures/guidelines in place regarding abuse and molestation?								
	1) Are they reviewed with staff and volunteers?								
2.	Are any	services s	ubcontracted (transportatio	n, maintenance, etc.	.)?				
3.	Are the	re any field	trips or any other activities	conducted away fro	m the premise	es?			
	a. If y	es, fully de	escribe including estimated	number of trips/activ	ities on an an	nual basis:			
	•								
	b. If y	es, are pai	rents required to sign a "per	mission" form for EA	ACH field trip	or activity?	☐ Yes		10
	c. Mo	de of trans	sportation for each field trip	or activity:					
4.	Are any	special ins	structions provided such as	dance, tumbling, sw	imming, etc.?)	☐ Yes		lo
	If yes, d	lescribe:							
5.	Are all i	ncidents re	ported to your insurer?	☐ Yes	☐ No				
	Number	r in the pas	t 12 months:						
•	Describ	e procedur	res:						
6.	Have yo	ou or any p	artner, officer, director, or e	mployee ever been	the subject of	disciplinary	action by	a regu	latory
	authorit	y as a resu	alt of their professional activi	ities? 🗌 Yes	☐ No				
	If yes, e	xplain:							
7.	Have ar	ny claims b	een filed, or are you aware	of any incidents invo	olving physica	l or sexual a	buse that	could	lead to a
	claim?	Yes Yes	□ No						
	a. Are	e procedure	es in place for reporting inci	dents? Yes	☐ No				
	b. Are	e procedure	es communicated to and rev	viewed with the staff	and voluntee	rs?	Yes	<u> </u>	lo
PRI	OR CAR	RIER INFO	RMATION FOR THE PAS	T THREE YEARS					
•	Year		Carrier	Policy Number	Coverag		neck if ns-Made	Pr	emium
						Cian	113-Made		
								ļ	
Micc	ουτί Δοη	licants: D0	NOT answer this question	1				l	
Missouri Applicants: DO NOT answer this question. Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?									
☐ No ☐ Yes - If Yes, give name of company, date, and reason.									
Provide the following information for all claims, suits, or incidents which may give rise to a claim for the past five years.									
Attach separate sheet if necessary.									
Dates (Month/Year) Allegations Amount Paid Reserve							seon/A		
(Month/Year) Al		egations		Amount	Faid	- ru	296146		
				-				 	
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FRAUD STATEMENTS					
FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.					
LOUISIANA and MAINE: 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.					
Refer to the Core Application for all Fraud Statements.					
IMPORTANT NOTICE					
DECLARATION					
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.					
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.					
SIGNATURES					
Applicant Signature	Title	Date			
Producer Signature		Date			

Producer Name and Address