



3. Has license ever been revoked or suspended?  Yes  No  
If yes, provide details:
4. Have citations or warnings ever been issued?  Yes  No  
If yes, provide details:
5. Are you in compliance with applicable laws or ordinances pertaining to licensing or codes?  
 N/A  Yes  No  
If no, state reasons for non-compliance and corrective action taken:
6. Are children accepted with physical, mental or emotional handicaps, or chronic illnesses?  Yes  No
7. Hours children are on the premises: Monday - Friday a.m. to p.m.  
Weekends a.m. to p.m.
8. Do you ever provide "Drop-In" care?  Yes  No  
If yes, provide: Details:  
Number of Children:  
Circumstances:
9. Do you ever provide off premises care, i.e. Nanny Service, Babysitting, etc.?  Yes  No
10. Indicate if the following are checked on all employees and volunteers:  
Personal References  Yes  No  
Previous Employers  Yes  No  
Criminal Background  Yes  No

**PREMISES**

1. Is the business located in a mobile home?  Yes  No
2. Frequency premises is inspected: \_\_\_\_\_ Date of last inspection: \_\_\_\_\_  
By whom: \_\_\_\_\_
3. Condition of: Stairways  Good  Fair  Poor  No Stairway  
Stairway carpeting  Good  Fair  Poor  Not Carpeted  
Is stairway well lit?  Yes  No
4. Safety procedures in event of fire:
5. Safety equipment on premises:  Smoke Detectors  Sprinklers  Fire Extinguishers  
 Other: \_\_\_\_\_
6. Are there pets on the premises?  Yes  No  
If yes, are pets separated from the children?  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?  Yes  No  
If yes, does the play area contain a gate with a self-closing device?  Yes  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: \_\_\_\_\_



---

**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		

---