



Day Nurseries And Preschools Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web Site Address: _____

1. Location of premises: _____

2. Description of operations: In-Home Day Care Day Care Center Before/After School Program
 Sick-Child Day Care Part of an Organization (describe): _____
 Drop-off Center Foster Care

Is overnight care provided? Yes No

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

3. Is applicant licensed? Yes No

License number: _____

Maximum number of children permitted by license: _____

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:

Age Group	Number of Children	Number of Attendants
1 to 6 months		
7 to 12 months		
1 to 3 years		
over 3 years to 8 years		
over 8 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

10. Please describe the building (age, construction, exits, etc.): _____

11. Please describe the play equipment and facilities:

Trampoline? Yes No
Any inflatables, such as moon bounces or slides, rented or owned? Yes No
Play area fully fenced? Yes No
 Above-ground In-ground Swimming pool? Yes No
Number of pools: _____
Swimming pool slides or diving boards? Yes No
Wading pool (less than 24 inches deep)? Yes No
Life safety equipment at poolside? Yes No
Pool area fenced with self-latching gate? Yes No
Are the rules posted? Yes No
Is one of the attendants a certified lifeguard or CPR certified? Yes No
Any natural bodies of water (lakes, rivers, streams, etc.) on property? Yes No
Ratio of attendants to children while swimming? _____ to _____
Are there any animals on the premises? Yes No
Describe: _____
Are dogs kept away from children? Yes No
Other (describe): _____

12. Describe how injuries and illnesses are handled: _____

13. Any special classes taught? Yes No
If yes, please describe: _____

14. Is applicant transporting children to and from home and/or school? Yes No
If yes, who is the auto liability insurance carrier? _____

15. Please 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

16. Please attach a copy of the enrollment form, medical release, hold-harmless, etc., used.
Any medication dispensed? Yes No
If yes, please describe: _____

17. Does applicant have an accident and health policy covering students? Yes No
Carrier: _____ Policy Number: _____ Policy Term: _____

18. Are children released only to custodial parent or guardian? Yes No
If no, describe authorization procedure: _____

19. Does applicant have any other business ventures for which coverage is not being requested? Yes No
If yes, explain and advise where insured: _____

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____