



## DAYCARE CENTER SUPPLEMENTAL APPLICATION

Date: \_\_\_\_\_

Named of Insured: \_\_\_\_\_

Describe all business operations conducted by the applicant: \_\_\_\_\_

### 1. General Information:

The Daycare facility is in:

Commercial Building     Home     Church     School     Other: \_\_\_\_\_

- How long has the applicant been in business? \_\_\_\_\_
- Is the facility owner or tenant occupied? \_\_\_\_\_
- What percentage of the building does the applicant occupy: \_\_\_\_\_
- What is the maximum number of children on premises at any one time? \_\_\_\_\_
- Average daily attendance: \_\_\_\_\_
- Indicate the numbers of staff and children assigned to each age group below:

Age Group	Number of Staff	Number of Children
0-11 Months		
12-23 Months		
2-5 Years		
6-8 Years		
9 Years - Over		

### 2. Safety:

- Is risk licensed by State: \_\_\_\_\_ State License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Are criminal background checks performed on all current employees and volunteers? \_\_\_\_\_
  - How long have you been performing these background checks? \_\_\_\_\_
  - How long do you keep these records on file? \_\_\_\_\_
- Do restroom doors lock? \_\_\_\_\_ If yes, can they be unlocked from the outside?
- Are any physically or mentally disabled or challenged children allowed in the center: \_\_\_\_\_ Number: \_\_\_\_\_ Explain: \_\_\_\_\_
- Is staff trained in CPR? \_\_\_\_\_
- Is staff trained in First Aid? \_\_\_\_\_ If yes, describe training: \_\_\_\_\_
- Does staff dispense medication? \_\_\_\_\_ If yes, are written instructions provided? \_\_\_\_\_
- Do children stay overnight at the Center?  Yes  No
- Does the center accept drop-in children?  Yes  No
- Is any weekend or holiday care provided?  Yes  No
- Are there any nurses or healthcare professionals?  Yes  No
- Do employees/volunteers transport children at any time? \_\_\_\_\_
- Is there a written emergency evacuation plan? \_\_\_\_\_
  - How often are evacuation drills performed? \_\_\_\_\_
- Does the applicant provide any safety training for children, and if so, describe: \_\_\_\_\_
- Describe procedures for dealing with sexual abuse: \_\_\_\_\_

**3. Additional Exposure:**

- Do you have a swimming pool on premises? \_\_\_\_\_ If yes, complete the following questions:
  - Is the pool area fully fenced? \_\_\_\_\_
  - Is the fence equipped with self-closing and self-latching gates? \_\_\_\_\_
  - Does pool have depth markers? \_\_\_\_\_
  - Does pool have a diving board or slide? \_\_\_\_\_
  - Is there a lifeguard? \_\_\_\_\_ If yes, are lifeguards present at all times when swimming areas are open? \_\_\_\_\_
  - Is there life saving equipment in place? \_\_\_\_\_
- Other than ground level, what floors are open to children and for what use? \_\_\_\_\_
- Do any field trips or activities take place off the premises? (If yes, describe):
  - What is the mode of transportation: \_\_\_\_\_
- Are any special classes taught (example: athletics, dance, gymnastics)? \_\_\_\_\_
- Does the risk have a fenced playground? \_\_\_\_\_
- Is there a kitchen area? \_\_\_\_\_ If yes, are children allowed in the kitchen area? \_\_\_\_\_
- Are there any pets at this location? (if yes, explain) \_\_\_\_\_

**4. Loss Information:**

- Have any losses, claims, or potential claims occurred on your premises, whether covered by insurance or not over the past 3 years? \_\_\_\_\_
  - If yes, provide dates, amounts, and corrective action taken:  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Statement**

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

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Signature of Applicant / Title

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Print Name

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Date