



SCOTTSDALE INSURANCE COMPANY®

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DAY NURSERIES AND PRESCHOOLS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

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): _____

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:

Table with 3 columns: Age Group, Number of Children, Number of Attendants. Rows include age groups: 1 to 6 months, 6 to 12 months, 1 to 3 years, over 3 years to 8 years, over 8 years.

7. Total number of employees: _____

Any leased employees? [] Yes [] No

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

Play area fully fenced? [] Yes [] No

[] Above-ground [] In-ground Swimming pool? [] Yes [] No

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

11. Play equipment and facilities (continued):

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 _____
Other (describe): _____

12. Describe how injuries and illnesses are handled: _____

13. Any special classes taught?..... Yes No

If yes, please describe: _____

14. Please describe the nature of any field trips (number of trips, who transports, etc.): _____

15. Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used.

Any medication dispensed?..... Yes No
If yes, please describe: _____

16. Does applicant have an accident and health policy covering students? Yes No

Carrier _____ Policy Number _____ Policy Term _____

17. Are children released only to custodial parent or guardian? Yes No

If no, describe authorization procedure: _____

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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)