

**SUPPLEMENTAL DAY CARE APPLICATION**  
(Attach to Commercial General Liability Application)

APPLICANT NAME \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Is the applicant an In-Home Day Care Provider? \_\_\_\_\_ No \_\_\_\_\_ Yes (Attach Homeowners declarations)  
 State license number \_\_\_\_\_ Years at this location \_\_\_\_\_  
 Maximum number of children permitted by license \_\_\_\_\_ On site at any given time \_\_\_\_\_

Indicate the number of children in each age group and number of attendants for each.

AGE	# OF CHILDREN	# OF ATTENDANTS
Under 2 Years		
2 Years and Up		

Number of full time staff \_\_\_\_\_ Number licensed \_\_\_\_\_  
 Number of part time staff \_\_\_\_\_ Number licensed \_\_\_\_\_  
 Is any specialized care given (Handicapped, Deaf, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 What are the days and hours of operation? \_\_\_\_\_  
 Are meals served? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, \_\_\_\_\_ % Prepackaged \_\_\_\_\_ % Cooked  
 What type of cooking equipment? \_\_\_\_\_  
 Type of fire protection for cooking equipment \_\_\_\_\_  
 If Ansul system, how often serviced? \_\_\_\_\_  
 Do children have access to cooking area? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Number of rooms in facility \_\_\_\_\_ Number of exits on each floor \_\_\_\_\_  
 Number and location of smoke detectors \_\_\_\_\_  
 Is play area fenced? \_\_\_\_\_ Yes \_\_\_\_\_ No Type of playground equipment \_\_\_\_\_  
 Type of surface under playground equipment \_\_\_\_\_  
 How often and by whom is playground equipment checked? \_\_\_\_\_  
 Are there any trampolines or swimming/wading pools? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 How often does the insured schedule trips off premises? \_\_\_\_\_  
 How often, to where and farthest distance? \_\_\_\_\_

**SEXUAL ACTION INSURANCE APPLICATION (OPTIONAL)**

Limits requested (per Occurrence/Aggregate)

\$25,000/25,000       \$50,000/50,000       \$100,000/100,000

- Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime?  Yes  No If yes, please provide complete details.  
\_\_\_\_\_
- Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?  Yes  No If yes, please provide complete details.  
\_\_\_\_\_
- Has any facility with which you have been associated in the past ever had any incidents occur or claims brought against it while you were there?  Yes  No If yes, please provide complete details.  
\_\_\_\_\_
- Please describe your hiring procedures (attach copy).
- Does your facility perform background checks on all employees and volunteers?  
 Yes  No If yes, describe type of checks performed.  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Producer's Signature \_\_\_\_\_  
 Address \_\_\_\_\_

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