



Day Care Program Supplemental

NAMED INSURED:

LOCATION ADDRESS:

EMAIL:

WEB ADDRESS:

REQUIREMENTS FOR SUBMISSION

- ❖ ACORD applications
- ❖ Copy of current day care license(s)
- ❖ Brochures, pamphlets and/or other advertising materials
- ❖ Copy of employment application
- ❖ Four years of insurance carrier loss runs, currently valued (run date within the last 3 months).

LOCATION:

- | | | | |
|--|-------------------------|-----------------------|-----------------|
| 1. This daycare center is located in which type of building? | Commercial | Church | School |
| Other (describe) | Private Home | (NOT Eligible) | |
| 2. The neighborhood is primarily: | Commercial/Industrial | Residential | Urban/City |
| | | | Country/Farming |
| 3. Hours of operations: | 4. Any overnight stays? | Yes | No |

LICENSING:

1. Is the daycare licensed? Yes No
2. If licensing is NOT state required, why is the center exempt?
3. Has a license to operate ever been denied, suspended or revoked? Yes No *Attach a separate full explanation.*
4. Have you ever been brought up for a compliance hearing? Yes No *If so, explain thoroughly on a separate document.*

BUILDING SPECIFICS:

1. Does your center exit directly to the outside? Yes No To ground level? Yes No
2. Do the bathroom doors lock? Yes No Can they be unlocked from the outside? Yes No
3. Does your Center have smoke detectors? Yes No Are they battery operated or hard-wired to the building?
4. When were extinguishers last inspected and tagged? Frequency of inspection:
5. Are the premises child-proofed to eliminate potential hazards? Yes No
6. Has a lead abatement been performed since 1980? Yes No
7. Have asbestos materials been: determined **not** to be present, removed or protected to present flaking?
8. Name and address of licensed contractor performing lead and/or asbestos removal or protection:

SECURITY:

1. Does the insured have a written emergency evacuation plan in effect? Yes No
2. How often are evacuation drills performed?
3. Please describe your child release procedures:
4. Have you ever received any citations or warnings issued by any state or governmental entity? Yes No

Explain:

STAFF AND CHILDREN: (The ratios of staff-to-children must be at least the state required ratio)

1. Based on the **maximum number** of children enrolled on your **busiest** day OR busiest session, enter the numbers of staff and children in each of the following age groups. *(Do not duplicate pre and after school children if they stay all day)*

CHILD AGE GROUP	# OF CAREPROVIDERS		# OF CHILDREN	# OF CHILDREN
	MALE	FEMALE		
Less than 18 Months				
18-30 Months				
30 Months – 4 Years				
Above 4 Years				
Preschool (only)			Enter in cell to right →	
After school (only)			Enter in cell to right →	

2. Are any **staff** less than 18 years old? Yes No *Indicate specific duties for each on a separate document.*
3. Do you use any volunteers? Yes No *Indicate specific duties for each on a separate document.*
4. Is a minimum of one staff member certified in First Aid present at all times? Yes No
5. Is a minimum of one staff member certified in CPR present at swimming areas? Yes No

HEALTH:

1. Do you provide **sick child, drop-in, latch-key, boarding or camp** services? Yes No If Yes, please explain:
2. How many children require special care and treatment? Explain:
3. Indicate if a file containing the following information is maintained on each child:
- | | | |
|---|-----|----|
| Immunization records of the children being immunized successfully, and updated annually? | Yes | No |
| Records for each child indicating unusual conditions the child has? | Yes | No |
| Signed releases for emergency medical treatment/dispensing of medication obtained from parents? | Yes | No |
| Written instructions from child's physician for dispensing of child's medication? | Yes | No |
4. Is food properly covered, stored and served in accordance with applicable government requirements? Yes No
5. Do you have an accident/health policy? Yes No Is coverage mandatory for all children? Yes No
- Provide Carrier Limits:
- Policy Term:

SWIMMING:

1. Do you now use or plan, in the future, to use swimming facilities? Yes No

2. Is the pool you use, or plan on using, located: On your premises or at a separate location.
3. Describe security of an owned pool when not in use:
4. How is the pool supervised?

Answer the following questions for the pool to be used:

Are water depths marked?	Yes	No	Are lifeguards present?	Yes	No
What is the maximum depth?	feet		Ratio of staff to child when at pools?		
Is there a diving board?	Yes	No	Is there a self-locking gate?	Yes	No
Is there a slide into the pool?	Yes	No	Minimum age of children allowed in the water?		
Is the pool area completely fenced?	Yes	No	Walking surface in good shape and non-slip?	Yes	No

PLAY AREAS: *If you own or have access to another's a playground area, complete the following questions:*

Is the area fenced?	Yes	No	Is the equipment checked for safety?	Yes	No
Are any trampolines present?	Yes	No	Describe playground surface:		
Do you separate age groups?	Yes	No			

FIELDTRIPS AND OFF PREMISES TRAVEL:

- Are field trips taken (or do you anticipate field trips during the next 12 months)? Yes No *If "yes", answer the following:*
- Describe field trips
- Do you travel off premises for other events such as fundraising events? Yes No
- Describe those trips

SPECIAL ACTIVITIES:

- Are any pets or **animals** kept on premises? Yes No
- Describe animals, caging and type of interaction:
- Are **special classes** provided? (Gymnastics, Dance, Karate, Tumbling, Horseback Riding, etc.?) Yes No
- If yes, please explain:
- Are special classes taught by an independent contractor on your premises? Yes No
- Do you request/maintain Certificates of Insurance from all Sub-Contractors? Yes No
- Do you have any operations other than child care? Yes No Describe:

AUTOMOBILE:

1. Are all vehicles titled in the business name? Yes No
2. Do you provide regular transportation for children? Yes No Maximum distance: miles.
3. Is a walk-around vehicle checklist used prior to transporting children? Yes No
4. Are drivers of vans and buses required to be experienced in the use of the specific vehicle type and size? Yes No
5. Are all drivers put through specialized drivers training? Yes No
6. Are any family members allowed to drive company vehicles? Yes No

7. If yes, who are they and what is their relationship to the named insured?

Are those family members employees of the business? Yes No

8. Do employees or volunteers drive their own vehicles for company business? Yes No

How often does this occur? What limits of insurance are required?

Do you require evidence that they have their own auto insurance? Yes No

SEXUAL ABUSE: (Only complete this section if you desire coverage of sexual abuse and molestation)

1. Does your **employment application** include questions about whether the individual has ever been convicted for any crime, including sex related or child abuse related offenses? Yes No

2. During new staff orientation, do you discuss child/sexual abuse, how to recognize the signs, and what to do if a child reports that someone molested him or her? Yes No

3. Do you perform criminal background investigations on all current employees and volunteers? Yes No

4. How long have you been performing these checks? years.

5. For how many years do you keep these records on file after employee leaves? years.

6. Do you verify employment-related references? Yes No

7. Do you conduct a personal interview? Yes No

8. Does your supervision plan monitor staff in day-to-day relationships with children both on & off premises? Yes No

9. How is the staff monitored? Video Windows Other:

10. Do you have written procedures for dealing with sexual abuse? Yes No **MANDATORY: Provide a copy**

11. Have you ever had an incident which resulted in an allegation of sexual abuse? Yes No *If yes, please complete:*

Was a claim made against the organization? Yes No

Is that individual still employed with your organization? Yes No

What changes were made to prevent recurrence?

Was the case settled? Yes No *Provide complete details on a separate document.*

12. What were the monetary damages awarded to the victim? \$

13. Does your current Insurance program include Abuse & Molestation coverage? Yes No

14. If yes, please indicate the limits of liability provided \$ per occurrence and \$ aggregate.

FLOOD:

1. Do you have a current Flood policy in force? Yes No

2. If No, would you like a Flood quote with our Proposal? Yes No (secured through NFIP)

FRAUD NOTICE

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "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."

Signature of Insured:

Date: