



# DAY CARE SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Is applicant properly licensed where required by law?  Yes  No License Number: \_\_\_\_\_  
Maximum number of children allowed by license: \_\_\_\_\_ Average Daily Attendance: \_\_\_\_\_

### MINIMUM RATIO OF ATTENDANTS TO CHILDREN MUST MEET STATE LICENSE REQUIREMENTS.

Number of active owners/officers/partners: \_\_\_\_\_ Number of Employees \_\_\_\_\_  
Estimated annual: Payroll (excl. owner) \_\_\_\_\_ Receipts \_\_\_\_\_ Subs Costs \_\_\_\_\_  
Sexual/physical sublimit requested:  \$25K/\$50K  \$50K/\$100K  \$100K/\$300K

Any of the following? Please describe all "yes" answers in detail below.			
Accident & Health policy in force	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pools (if yes, complete Pool Supplemental Application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dogs on Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unanchored equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Off-premises field trips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfenced playground	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special classes taught (dance, gymnastics, swimming, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trampoline	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other: List _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please detail all answers to the following questions on the next page.

Does applicant have a procedure for picking up children?  Yes  No  
Does applicant have a procedure to identify adults picking up children?  Yes  No  
Does applicant have a procedure for administration of medications?  Yes  No  
Does applicant do criminal background checks on all employees?  Yes  No  
Does applicant have playground equipment on premises? If yes, list below.  Yes  No  
Does applicant serve meals or snacks? If yes, detail how handled.  Yes  No  
Describe how injuries and illnesses are handled: \_\_\_\_\_

Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Attach a copy of enrollment form, medical release, hold harmless, etc.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature \_\_\_\_\_ Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_