



CHILD CARE SUPPLEMENT

(To be attached to Acord Application)

Copy of license is required before binding coverage.

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

LICENSING INFORMATION

1. Licensing Agency:

2. Number of years licensed: _____ Number of children on license: _____
(Please attach copy of license) **Note:** Premium based on licensed capacity

Indicate maximum number of children permitted by license in each group:

0 - 6 Months _____ 6 - 12 months _____ 12 - 18 months _____
18 mos. - 2 years _____ 2 years - 5 years _____ Over 5 years _____

3. Does your child to staff ratio meet your licensing requirement? Yes No
If no, please explain:

4. Has your license ever been revoked or suspended? Yes No
If yes, please explain:

5. Are children accepted with: Physical, mental or emotional handicaps? Yes No
Chronic illnesses? Yes No

If yes, indicate procedures/staff/equipment in place to handle:

TYPE OF FIRM

1. Type of Firm: Drop In Care All Ages Full-Time Care/No Infants – Comml.
 Full-Time Care/All Ages – Comml. Full-Time Care/No Infants – In Home
 Full-Time Care/All Ages – In Home Full-Time Care/Preschool – Comml.
 Full-Time Care/Infants – Comml. Full-Time Care/Preschool – In Home
 Full-Time Care/Infants – Home Full-Time Care/Sick Care
 Part-Time Care/Latch Key Programs

2. Hours children are on premises: Monday – Friday _____ a.m. to _____ p.m.
Weekend _____ a.m. to _____ p.m.

Any overnight stays? Yes No
If yes, please explain:

OPERATIONS

1. Average daily attendance:

0 - 6 Months _____ 6 - 12 months _____ 12 - 18 months _____
18 mos. - 2 years _____ 2 years - 5 years _____ Over 5 years _____

Number of Teachers:

0 - 6 Months _____ 6 - 12 months _____ 12 - 18 months _____
18 mos. - 2 years _____ 2 years - 5 years _____ Over 5 years _____

2. Owner's related experience and education:

3. Are there any pets on the premises? Yes No

If yes, please explain including how pets are separated from children. If a dog, include breed:

Optional Dog Liability coverage is available for **In-Home Family Day Cares Only**. No more than **2** dogs allowed and they must be kept separated from children at all times.

4. Are any special classes taught in dance, tumbling, gymnastics or martial arts? Yes No

If yes, please explain:

5. Are there any trampolines on the premises? Yes No

If yes, who is allowed to use and how is monitoring performed?

EMPLOYEE AND VOLUNTEER PROCEDURES AND STAFFING

1. Are the following checked on employees and volunteers prior to hiring?

Personal References? Yes No

Previous Employers? Yes No

Criminal background? Yes No

2. Are records kept of all hiring items checked (references, background checks, etc.)? Yes No

RISK MANAGEMENT

1. Are children released only to authorized persons? Yes No

2. What procedures exist for:

Accidents, medical treatment, notification to parents?

Dispensing of prescribed medications?

Illness?

3. Any special needs required and/or provided?

If yes, please explain:

4. Are medical care releases obtained at enrollment? Yes No

5. Are there written procedures/guidelines regarding discipline? Yes No

Are they communicated to parents? Yes No

Are they reviewed with staff and volunteers? Yes No

6. Are there written procedures/guidelines regarding abuse issues? Yes No

7. Does the insured have emergency transportation available? Yes No

8. In case of an emergency is there a backup adult if you need to leave? Yes No

9. Are any field trips or activities conducted away from premises? Yes No

If yes, fully describe, including the estimated number of trips and/or activities:

Are parents required to sign "permission" forms for each field trip? Yes No

Mode of transportation used for trips:

10. Do you utilize swimming facilities off the premises? Yes No

If yes:

Liability disclaimer required? (Forward copy.) Yes No

Does the swimming facility provide lifeguard service? Yes No

Wading pool on the premises? Yes No

(Optional water activities coverage is available upon request)

If yes:

Type of wading pool: (plastic, blow-up, etc.) _____

Is pool emptied daily? (If not, no coverage available.) Yes No

Is pool stored away from children after use? (If not, no coverage available.) Yes No

Note: Wading pool is defined as pool of a non-permanent structure, 2 feet or less in depth and 15 feet or less diameter, with no slides. (Pool Questionnaire not required on wading pools)

11. Is the outside play area fenced? (**Note:** A fence is required) Yes No

Type of playground surface:

Are there trampolines? Yes No

Please list and describe all play equipment:

12. Are there a working fire extinguishers and smoke detectors on premises? Yes No

Date last serviced: _____

13. Is there a student group accident policy in effect? Yes No

(If yes, please provide proof of insurance.)

14. Is operation located in your home? (Note: No building coverage available) Yes No
If yes, who is your homeowners insurance company?

15. Is operation located in a mobile home? (If yes, risk is ineligible) Yes No

16. Are bottle warmers used? Yes No

If yes, how are bottles warmed? _____

What type? _____

Where is warmer located? _____

Are cords kept out of reach of children? Yes No

Are safety measures used so hot water cannot be spilled on staff or children? Yes No

PREVIOUS EXPERIENCE

1. Have any claims been filed, or are you aware of any incidents involving physical or sexual abuse that could lead to a claim? Yes No

If yes, please explain:

2. Are procedures in place for reporting incidents? Yes No

3. Have you or any partner, officer, director, or employee ever been the subject of disciplinary action by a regulatory authority? Yes No

If yes, please explain:

SWIMMING POOLS – COMPLETE IF APPLICABLE

1. Please describe pool, including surrounding surface and fencing (Fencing Required):

2. Self-locking gate? Yes No

Key necessary for pool access? Yes No

Are depth markings clearly indicated? Yes No

Are "No Running" signs posted? Yes No

Diving Board? Yes No

Water Slide? (If yes, risk is ineligible) Yes No

3. Are lifeguards employed? Yes No

If yes – are they Red Cross certified? Yes No

Other certification (please list): _____

4. Are emergency procedures in writing and reviewed with staff? Yes No

5. Please describe chemical storage:

6. Additional comments:

FRAUD STATEMENT

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are complete and true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. It is understood and agreed that the completion of this questionnaire does not bind the insurance company.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

ADDITIONAL COVERAGES

The following coverages are available. Please list the desired coverage under the classification section of the application.

- Limited Abuse or Molestation (included in Illinois, Kansas and Nebraska)
- Professional Liability Errors and Omissions (Removes Corporal Punishment Exclusion)
- On-premises Water Activities
- Limited Dog Coverage (Family Centers Only)
- Employee Benefit
- Hired and Non-Owned Auto (Not available if Commercial Auto Policy is in effect)