

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 to 6 Months _____
6 to 12 months _____
12 to 18 months _____
18 to 2 years _____
2 years to 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 Has your license ever been revoked or suspended?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 , 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 – Comm'l
 Full-Time Care/All Ages – Comm'l Full-Time Care/No Infants – In Home
 Full-Time Care/All Ages – In Home Full-Time Care/Preschool – Comm'l
 Full-Time Care/Infants – Comm'l 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.
Weekends _____ a.m. to _____ p.m.

Any overnight stays? Yes No

If yes, please explain _____

OPERATIONS

Average daily attendance:	Age	# Children	# of Teachers
	1 to 6 months	_____	_____
	6 to 12 months	_____	_____
	12 to 18 months	_____	_____
	18 to 2 years	_____	_____
	2 years to 5 years	_____	_____
	5 years +	_____	_____

9. Are any field trips or activities conducted away from premises?
 If yes, fully describe, including the estimated number of trips and/or activities:

- a. Are parents required to sign "permission" forms for each field trip?
 b. Mode of transportation used for trips. _____
10. Do you utilize swimming facilities off the premises?
 If yes, a. Liability disclaimer required, forward copy
 b. Does the swimming facility provide lifeguard service?
11. Do you have swimming facilities, including wading pool on the premises?
 (Optional water activities coverage is available upon request)
 If yes, a. Type of wading pool (plastic or blow-up)? _____
 b. Is pool emptied daily? (If not, no coverage available.)
 c. Is pool stored away from children after use? If not, no coverage available.
- 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 (swimming pool questionnaire not required on wading pools)
12. Is the outside play area fenced? **(Note: A fence is required)**
 Type of playground surface: _____
 Are there trampolines?
 List and describe all play equipment: _____

13. Is there a working fire extinguisher and/or smoke detector?
 Date last serviced: _____
14. Is there a student group accident policy in effect?
 (If yes, proof of insurance is required.)
15. Is operation located in your home? (Note: no building coverage available)
 If yes, who is your homeowners insurance company? _____
16. Is operation located in a mobile home? (If yes, risk is ineligible)
17. Are bottle warmers used?
 If yes, how are bottles warmed? _____
 What type? _____
 Where is warmer located? _____
 Are cords kept out of reach of children?
 Are safety measures used to insure the hot water cannot be spilled on staff or children?

PREVIOUS EXPERIENCE

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have any claims been filed, or are you aware of any incidents involving physical or sexual abuse that could lead to a claims? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are procedures in place for reporting incidents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or any partner, officer, director, or employee ever been the subject of disciplinary action By a regulatory authority as a result of their professional activities?
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |

SWIMMING POOLS – COMPLETE IF APPLICABLE

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Pool Describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are depth markings clearly indicated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What type of surface around pool area? _____
(i.e.: smooth, non-slip, etc.) | | |
| 4. Diving boards? (Not Acceptable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Water slides? (Not Acceptable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there fencing surrounding the pool area? "
Yes describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: We require that the pool area be fenced. | | |
| 7. Are "NO RUNNING" signs posted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Please describe the chemical storage _____
_____ | | |
| 8. Do you have a self-locking gate or key necessary for access to the pool area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are lifeguards employed? "
If yes – are they Red Cross certified?
Other certification (please list) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are written emergency procedures present? _____ | | |
| 12. Any 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: _____ 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)