

Account Number \_\_\_\_\_

Date \_\_\_\_\_

Named Insured \_\_\_\_\_

City/State \_\_\_\_\_

### **DAY CARE, SCHOOL and COLLEGE – Survey**

- Day Care (Mother's Day Out/Preschool)                       School (K - 12)  
 Latch Key Program (Before or After School Supervision)     College

1. Number of day care staff/school teachers:

Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Volunteer \_\_\_\_\_

2. Describe responsibilities of any staff member under age 18 \_\_\_\_\_

N/A

3a. Average daily attendees 3 years of age and under:

10 or Less     Over 50

11 - 25     None

26 - 50

3b. What is the maximum child to teacher ratio for this age group (under 3) at any one time:

Children \_\_\_\_\_ To teacher \_\_\_\_\_

4. Indicate which background checks are completed:

Prior Employment               Prior Education

Credit and Criminal               References Contacted

None

\*Other \*If checked, describe: \_\_\_\_\_

5. The insured is a member of a trade association

None

ACSI

\*Other \*If checked, provide name: \_\_\_\_\_

6a. Federal, state, or local funding received

Yes  No

6b. Day care/school/college licensed

Not Required

Yes

No If checked, explain: \_\_\_\_\_

#### **REQUIRED CERTIFICATE HOLDERS/ADDITIONAL INSURED SHOULD BE ADDED TO POLICY**

7. Has the insured ever violated any health or building codes?

Yes  No If yes checked, provide details: \_\_\_\_\_

8. Does the insured have a separate student accident policy in force?

Yes  No

Name of insurer: \_\_\_\_\_

Limit of insurance \$ \_\_\_\_\_  Excess  Primary

9. **ATHLETICS/ACTIVITIES**

<input type="checkbox"/> Baseball	<input type="checkbox"/> Hockey	<input type="checkbox"/> Tackle Football	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Tennis	<input type="checkbox"/> None
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Track	<input type="checkbox"/> *Other
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball	

10. The insured owns or uses a trampoline

Yes  No

If yes checked, **do not bind**, provide details: \_\_\_\_\_

11. List field trips and activities off premises and frequency:  
 N/A  
Activity: \_\_\_\_\_  
Times per year: \_\_\_\_\_

12. Insured used corporal punishment  
 Yes  No If yes checked, provide written guidelines and procedures

**Loss Control Checklist - Make Recommendations When Necessary**

13. An outdoor play area exists  
 Yes  No

13a. Outdoor play area is fenced  
 Yes  No

13b. Playground equipment is regularly maintained  
 Yes  No

13c. Describe outdoor play area surface:  
 Black Top/Concrete  Grass  
 Sand  Wood Chips  
 Pea Gravel  
 Other – Describe \_\_\_\_\_

14. Facility has two or more exits from each level  
 Yes  No

15. Exits are monitored  
 Yes  No If no checked, explain: \_\_\_\_\_

16. All electrical outlets are covered  
 Yes  No

17. Meals are cooked on premises  
 Yes  No

18. Insured provides daily transportation  
 Yes  No

19. Frequency of evacuation and safety drills  
 Monthly  Annual  
 Semi-Annual  Other \_\_\_\_\_

20. How are special medical or dietary needs handled?  
Describe \_\_\_\_\_  
 N/A

21. Controls are in place to prevent children from being taken by unauthorized person(s)  
 Yes  No If yes checked, provide details: \_\_\_\_\_

Remarks or recommendations made: \_\_\_\_\_  
\_\_\_\_\_

- ◆ Provide copy of registration form and student handbook if available.
- ◆ Required certificate holders/additional insureds should be added to policy and listed on application/endorsement.