

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 months 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 Has your license ever been revoked or suspended?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

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

2. Owner's related experience and education: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 3. Are there any pets on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, Type of pet _____ | | |
| If Dog – specify Breed and how separated from children _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Note: Optional Dog Liability coverage is available for **In-Home Family Day Cares Only**. Dog(s) must be kept separated from children at all times. No more than 2 dogs allowed in In-Home Family Day Cares.

4. Are any special classes taught in dance, tumbling, gymnastics or martial arts?
- If Yes, Explain: _____

EMPLOYEE AND VOLUNTEER PROCEDURES AND STAFFING

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are the following checked on employees and volunteers prior to hiring? | | |
| Personal References | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous Employers | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal Background | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are records kept of all hiring items checked (references, background checks, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

RISK MANAGEMENT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are children released only to authorized persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What procedures exist for: | | |
| a. Accidents, medical treatment, notification to parents? _____ | | |
| b. Dispensing of prescribed medications? _____ | | |
| c. Illness? _____ | | |
| 3. Any special needs required and/or provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, Explain: _____ | | |
| 4. Are medical care releases obtained at enrollment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there written procedures/guidelines regarding discipline? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are they communicated to parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are they reviewed with staff and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there written procedures/guidelines regarding abuse issues, including reporting of same? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the insured have emergency transportation available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In case of an emergency is there a backup adult if you need to leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are any field trips or activities conducted away from premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mode of transportation used for trips. _____ | | |

10. Do you use 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 any wading pool(s), 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 and structures: _____

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 (model, brand)? _____
 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 regarding any incidents involving physical or sexual abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of any incidents involving physical or sexual abuse that could lead to a claim(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are procedures in place for reporting incidents of physical or sexual abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you or any partner, officer, director, or employee ever been the subject of disciplinary action by a regulatory authority as a result of yours or their professional activities?
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |

SWIMMING POOLS – COMPLETE IF APPLICABLE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is there a pool on the premises?
Describe (i.e. in-ground, above-ground, etc) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are depth markings clearly indicated?
What is range of depths? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What type of surface around pool area? _____
(i.e.: smooth, non-slip, etc.) | | |

4. Are there any diving boards? (Not Acceptable)
5. Are there any water slides? (Not Acceptable)
6. Is there fencing surrounding the pool area? "
 If Yes, describe (i.e. height, gates, materials) _____
Note: We require that the pool area be fenced.
7. Are "NO RUNNING" signs posted?
8. Please describe the chemical storage _____

9. Do you have a self-locking gate or key necessary for access to the pool area?
10. Are lifeguards employed? "
 If yes – are they Red Cross certified?
 Other certification (please list) _____
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)