

CHILD CARE/DAYCARE SUPPLEMENTAL APPLICATION

Applicant/Insured Name: _____

General Information

Is the applicant/insured a non-profit organization? Y/N _____

Number of years in business: _____ years

Number of employees: _____

What are the days and hours of operation? _____

Any employee's over the age of 60? Y/N _____ If so, please provide the nature and scope of their duties:

Operations

Is the facility a stand-alone structure specifically built or renovated for child care operations? Y/N _____

How many children does the center accommodate? _____

What is the age range of the children? _____ months to _____ years

Are employees trained to properly handle unruly children to minimize potential for injury? Y/N _____

Are all employees trained in proper lifting techniques? Y/N _____

Has the insured's license ever been denied, revoked or suspended? Y/N _____ If so, please provide details:

Are background checks required for all employees? Y/N _____

Are employees trained in Blood Borne Pathogen exposure? Y/N _____

Is there a commercial kitchen on premises? Y/N _____

Is any transportation of the children provided? Y/N _____

If so, please provide the radius of travel _____ miles

Are driving record standards in place with annual MVR checks performed on all drivers? Y/N _____

Are any 11-15 passenger vans (not buses) owned, leased, or operated? Y/N _____

Are volunteers used? Y/N _____

If so, does the insured have a volunteer coverage policy? Y/N _____

Do volunteers receive any gifts, compensation etc. (i.e. money off of tuition)? Y/N _____

Does the center accommodate special needs children? Y/N _____

If so, are persons on staff certified/licensed to care for special needs children? Y/N _____

Please advise the types of special needs accommodated, number of special needs children currently enrolled, and the associated child to teacher ratio: _____

Thank you for providing this important information

Signature of Person Completing This Application

Date Signed