

DAY CARE SUPPLEMENTAL

1. Named Insured: _____
2. Licensed by: _____
3. Expiration Date: _____
4. License Number: _____
5. Licensed for (# of children): _____
6. Number of Children: _____
7. Hours open for business: _____
8. Number of days per week: _____
9. How long in business: _____
10. Are the premises fenced? Yes No
11. Smoke detectors? Hard Wired or Battery Operated
12. Are Fire extinguishers currently tagged? Yes No
13. Are exits marked and lighted? Yes No
14. Do doors have panic hardware installed? Yes No
15. Night Time or Overnight Stay? Yes No
16. Is medicine / first aid equipment safely stored out of reach of the children? Yes No
17. Nanny services? Yes No
18. Is this an in-home day care?
If so, is homeowners/renters liability insurance in place? Yes No
19. Are there cooking facilities?
If so, what type? _____
20. Are there any swimming pools, spas or wading pools on the premises? Yes No
21. Are there any animals on the premises? Yes No
If yes, please describe: _____

STAFFING

Age of Children	Number of Children	Number of Attendants
Birth to 16 months	_____	_____
16 months to 2 years	_____	_____
2 years to 4 years	_____	_____
4 years to school children	_____	_____
School children	_____	_____

22. Do all attendants undergo criminal background checks? Yes No

23. Do all personnel submit to routine drug screening? Yes No
24. Are all employees certified in CPR and trained in first aid? Yes No
25. Are health records maintained for each child enrolled including information on immunizations and special health and dietary problems? Yes No

FIELD TRIPS

26. Anticipated number of monthly field trips? _____

27. Are permission slips signed? Yes No

28. Any trips to public beaches, lakes or pools? (prohibited) Yes No

29. Any trips to zoos or other amusement facilities? Yes No

30. Describe anticipated field trip destinations:

1. _____
2. _____
3. _____
4. _____
5. _____

31. Playground equipment? Describe: _____

32. Describe type of surface around playground and equipment: _____

33. Losses: Describe all losses which have occurred in the last three years: _____

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts. The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and from a part of such policy.

Signature of applicant: _____

Date: _____

Signing this questionnaire does not bind the applicant or the insurer or the underwriting manager to provide the insurance.