

Day Care Centers & Nurseries
General Liability & Professional Liability
Supplemental Application
(Complete in addition to ACORD)

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1. Name of Applicant: _____
Website: _____
2. Type of Facility:
 Commercial In-Home Government-Run
3. This operation is located in one of the following: (Please check one)
 Private Home Church School Location built specifically for a day care center or nursery
 Other Give full explanation: _____
4. In addition to day care and pre-school services, what other services are provided?
 Baby Sitting Day Care Solely for Family Members Drop-In Nanny Services
 Other: _____
5. Annual gross sales: _____
6. Do you require written notification if someone other than the parent or guardian will be picking up the child? Yes No
7. Are you engaged in, owned by, associated with or involved in any other enterprise? Yes No
If yes, provide full details: _____

8. Are you licensed or certified per state regulations? Yes No
Are you currently operating under a license "warning"? Yes No
If yes, provide full details: _____
Has your license ever been suspended or revoked? Yes No
If yes, provide full details: _____
Do you have any outstanding violations cited in an inspection that have not been corrected? Yes No
If yes, provide full details: _____

9. During the past 3 years, have any claims been presented to your current or prior insurance carrier? Yes No
If yes, provide full details. Include description of claim, amounts paid and reserves: _____

10. Do you allow corporal punishment? Yes No
11. Building Information:
- a. Number of stories: _____
- b. Type of fire protection system: _____
- c. The emergency evacuation and fire drill plan: _____
- d. Functioning and operational fire extinguishers on premises? Yes No
- e. Functioning and operational smoke and/or heat detectors on premises? Yes No
- f. Are functioning quick release latch mechanism installed on any windows that have burglar bars? Yes No

12. Number of children facility is licensed for? _____

Average daily attendance? _____

Do you meet state requirements for staff/child ratio? Yes No

Indicate the number of children in each age group and teachers/attendants for each group:

Age Group	Full Day	Half Day AM	Half Day PM	Number of Teachers	Number of Volunteers
0 - 12 months	_____	_____	_____	_____	_____
1 - 3 years	_____	_____	_____	_____	_____
4 - 5 years	_____	_____	_____	_____	_____
6 - 10 years	_____	_____	_____	_____	_____

Ratio of teachers and volunteers must meet state staffing requirements.

13. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc.

Attach a list of all employees along with their experience and qualifications: _____

If you use volunteers, please describe: _____

Are any of your volunteers under the age of 18? Yes No

Do any of your volunteers ever replace teachers? Yes No

14. Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime? Yes No

If yes, please provide complete details: _____

15. Do you require a physical examination or medical certificate before a child is accepted? Yes No

Will you accept a child who is sick? Yes No

If yes, how is situation handled: _____

16. Are any medications administered? Yes No

If yes, do you require a signed consent form from parent or guardian? Yes No

17. There are _____ children enrolled at your facility with special emotional or physical needs who require treatment for their condition(s). Describe condition(s), age of child(ren), and special care provided by facility staff: _____

Please describe training/certification of staff that cares for disabled/special needs children: _____

18. Play equipment on premises:

Swings Jungle gym Slide Sandbox Trampoline Inflatable bounce equipment

Other (List): _____

Is all play equipment securely anchored? Yes No

Is there impact absorbing material under and around play equipment? Yes No

What is the maximum height of playground equipment? _____ FT.

Is play area fully fenced? Yes No

19. Are there any swimming exposures? Yes No

If yes, please complete all of question #19.

For On-Premises Pools:

Pool Wading Above ground In ground

Size: _____ X _____ FT. Depth: From _____ FT. to _____ FT.

Is pool fully fenced? Yes No Height of fence: _____ FT.

Is pool equipped with a self-closing/latching device? Yes No

Is pool locked when not in use? Yes No

Is wading pool emptied after each use? Yes No N/A

Is your pool insured elsewhere by another insurance carrier? Yes No

Are day care children allowed to use the pool? Yes No

If yes:

a. What is the ratio of staff to children when they are in the pool? _____

b. Is there a CPR-trained/certified staff member on the premises at all times? Yes No

What is the age of the pool? _____

Number of pool drains per pool? _____

Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No

Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No

If NO, provide full details: _____

Do drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No

Does pool have an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No

Are dual or multiple drains at least three (3) feet apart? Yes No

Number of diving boards _____ Height of boards _____

Number of slides _____ Height of slides _____

Are children allowed to use diving boards or slides in swimming pools? Yes No

For Off-Premises Pools:

Location of the pool (YMCA, park, etc.) _____

Are there lifeguards on duty at all times? Yes No

What is the ratio of staff to children when they are in the pool? _____

20. Are there any animals on the premises? Yes No

If yes, describe: _____

If there are dogs, list breed(s): _____

Do children have access to the animal(s)? Yes No

21. Are there any special classes taught? (Swimming, gymnastics, for example.) Yes No

If yes, list: _____

If special classes are taught by third parties, do you require them to have General Liability Insurance coverage in force? Yes No

22. Are there any overnight stays? Yes No

If yes, provide reason for stay: _____

Do you accept any drop-in children for overnight stays? Yes No

What percentage of children stay overnight? _____ %

Are children over the age of five (5) years allowed to sleep in the same room as children of the opposite gender? Yes No

Is the staff required to stay awake all night? Yes No

Are staff-to-child ratios maintained during the overnight hours? Yes No

23. Do you offer "parent's night out" care? Yes No

24. Provide full details of all types of field trips including staff-to-child ratio: _____

Are consent forms obtained from all parents before a field trip? Yes No

Do children participate in any high-risk activities such as water parks, theme parks with roller coasters, zip-lining, rock climbing, etc? Yes No

25. Do you have a before/after school program? Yes No

Do you or a third party provide transportation? Yes No

Is valid commercial auto insurance in place? Yes No

26. Do you perform both national criminal background and national sex offender registry checks on all potential employees and volunteers? Yes No

27. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No

If yes, please provide details: _____

28. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there? Yes No

If yes, describe: _____

29. Are there written guidelines in place regarding sexual misconduct? Yes No

If NO, please explain: _____

30. Would you like Sexual Molestation Coverage? Yes No

If yes, please check the limits you are requesting:

\$25,000/50,000 - No additional charge \$50,000/100,000 \$100,000/300,000

\$300,000/600,000 \$500,000/1MM \$1MM/2MM

Applicant's Signature

Date

Title

Producing Agent