

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

- Number of years' experience:
- Type of Day Care:

<input type="checkbox"/> Full-Time Care – Commercial	<input type="checkbox"/> Full-Time Care – In Home
<input type="checkbox"/> Full-Time Care/Sick Care	<input type="checkbox"/> Part-Time Care/Latch Key or Preschool
<input type="checkbox"/> Other (describe):	

- Is the business licensed? Yes No
 If yes, indicate the number of children permitted by license in each age group, the actual number of children, and the number of caregivers:

	# per License	Actual	Caregivers
0-6 Months			
6+ Months to 2 Years			
2+ Years to 5 Years			
5 to 7 Years			
8+ Years			

- Has license ever been revoked or suspended, and/or have citations or warnings ever been issued?
 Yes No
 If yes, provide details:

- Are you in compliance with applicable laws or ordinances pertaining to licensing or codes?
 N/A Yes No
 If no, state reasons for non-compliance and corrective action taken:

- Are children accepted with physical, mental or emotional handicaps, or chronic illnesses? Yes No

- Hours children are on the premises:

Monday - Friday	a.m. to		p.m.
Weekends	a.m. to		p.m.

- Do you ever provide "Drop-In" care? Yes No
 If yes, provide: Details:
Number of Children:
Circumstances:

- Do you ever provide off premises care, i.e. Nanny Service, Babysitting, etc.? Yes No

- Indicate if the following are checked on all employees and volunteers:

Personal References	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Employers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal Background	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PREMISES

1. Is the business located in a mobile home? Yes No
2. Frequency premises is inspected: _____ Date of last inspection: _____
By whom: _____
3. Condition of: Stairways Good Fair Poor No Stairway
 Stairway carpeting Good Fair Poor Not Carpeted
 Is stairway well lit? Yes No
4. Safety procedures in event of fire: _____
5. Safety equipment on premises: Smoke Detectors Sprinklers Fire Extinguishers
 Other: _____
6. Are there pets on the premises? Yes No
If yes, are pets separated from the children? Yes No
Number of Pets: _____ Type of Pets: _____
7. Are there any natural bodies of water on or in close proximity to the premises (rivers, lakes, ponds, etc.)?
 Yes No
8. Is there an outdoor play area? Yes No
If yes, does the play area contain a gate with a self-closing device? Yes No
9. Check all that are on the premises:
 Trampoline
 Swimming Pool (**Attach form S1055-CG**)
 Outdoor Playground Equipment
 Type of surface under it: _____
 Frequency playground equipment inspected: _____
 By whom: _____
- Guns
 Locked in cabinets? Yes No
 Kept away from children? Yes No
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RISK MANAGEMENT

- | | Yes | No |
|--|------------------------------|-----------------------------|
| 1. Are there written procedures in place for: | | |
| a. Accidents, medical treatment, notification to family | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dispensing of prescribed medications | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Illness | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are there written procedures/guidelines in place regarding discipline? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1) Are they communicated with parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are they reviewed with staff and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Do you allow corporal punishment? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are there written procedures/guidelines in place regarding abuse and molestation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1) Are they reviewed with staff and volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any services subcontracted (transportation, maintenance, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any field trips or any other activities conducted away from the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, fully describe including estimated number of trips/activities on an annual basis:

_____ | | |
| b. If yes, are parents required to sign a "permission" form for EACH field trip or activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Mode of transportation for each field trip or activity:
_____ | | |
| 4. Are any special instructions provided such as dance, tumbling, swimming, etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe:
_____ | | |
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IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature

Title

Date

Producer Signature

Date

Producer Name and Address
