



DAY CARE (INCLUDING ADULT CARE) SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Phone: _____ Fax: _____

Policy Number: _____

1. Premises information:

- Occupied as dwelling Constructed as dwelling and converted to care center
- Constructed as care center Constructed as commercial building and converted to care center

2. Is applicant properly licensed where required by law? Yes No License #: _____

3. Are smoke detectors in each room and hallways? Yes No

4. Have fire extinguishers been serviced and tagged within the last year? Yes No

5. Is evacuation procedure in place and posted in each room? Yes No

6. Are all exits marked and lighted? Yes No

7. Is any cooking done on premises? Yes No

If yes,

a. Type(s) of cooking: Fryer Grill Microwave Pizza Oven Other: _____

b. Is there a UL approved auto extinguishing system over all cooking surfaces and deep fryers? Yes No

If yes, type of system: Wet Chemical (UL 300 approved) Dry Chemical

Is there a semi-annual service contract for auto extinguishing system? Yes No

c. Is there an automatic shut off for gas or electric service? Yes No

If no, is there a manual shut off? Yes No

d. Are hoods and ducts equipped with filters? Yes No

e. Are hoods and ducts cleaned at a minimum of every six (6) months? Yes No

f. Are filters cleaned at a minimum of every six (6) months? Yes No

g. Are portable fire extinguishers mounted and accessible to cooking areas? Yes No

h. Is kitchen restricted to employee access only? Yes No

8. Have premises been inspected by safety and health authorities responsible for inspecting applicant's location for adherence to building codes and health standards? Yes No

If yes, were there any violations or citations? Yes No

If yes, describe: _____

9. Days and hours of operation with attendees (children or adults) present:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

10. Maximum number of attendees:

a. Permitted by license? _____

b. On premises at any given time? _____

11. Indicate number of attendants and attendees for each category (enter N/A if not applicable):

Category	# Attendants	# Attendees
1 to 12 months		
12 to 24 months		
2 to 4 years		
4 to 6 years		

Category	# Attendants	# Attendees
Over 6 years		
Physical/emotional handicap children *		
Adults		
Physical/emotional handicap adults *		

* Explain handicaps: _____

12. Percent of attendees: With Alzheimer's: _____% Nonambulatory: _____%
 With other medical conditions: _____% With physical / emotional disabilities: _____%

13. Does applicant accept clients with special needs or health problems? Yes No
 14. Does applicant do on-site physical therapy? Yes No
 15. Are staff certified/licensed to handle handicapped individuals? Yes No

If yes, provide number of certified/licensed staff: _____

16. **Attach a list of all attendants/instructors with a description of each person's previous experience and education background.**

17. Describe procedures for the following:

a. Hiring and screening process: _____

- (1) Are National Criminal History background checks obtained for all employees/volunteers? Yes No
 (2) Has applicant had any previous or pending allegations of sexual or physical abuse? Yes No

b. Accident, illness, medical treatment and notification to parents: _____

c. Dispensing of prescribed medications: _____

15. Is a medical care release form required from parent? Yes No

16. Are any professional medical personnel on staff (including nurse, dietician or other licensed or certified staff)? Yes No

If yes, provide hours per day and days per week: _____

17. Is staff trained in first aid? Yes No

If yes, describe training (i.e., certified, Red Cross, etc.): _____

18. Equipment and activities:

a. Describe playground or special equipment (i.e., trampoline, exercise equipment) at facilities: _____

- (1) Is playground equipment secured? Yes No
 (2) Describe surface underneath equipment (asphalt, grass, sand, etc.): _____

b. Is the yard fully fenced? Yes No

c. Are any special classes taught (i.e., dance, gymnastics, swimming, karate, etc.)? Yes No

If yes, describe: _____

d. Are there any animals on premises? Yes No

If yes, describe: _____

e. Are there any off-premises field trips? Yes No

(1) If yes, how many per month? _____ How often? _____

(2) Is signed liability release form for each organized field trip away from premises obtained? Yes No

- f. Is there a swimming pool on premises? **(If yes, answer questions (1) through (13) below).** Yes No
- (1) How many pools? _____
- (2) Diving boards? Yes No If yes, provide height: _____
- (3) Slides? Yes No
- (4) Underwater lighting? Yes No
- (5) Steps into shallow end with handrails? Yes No
- (6) Is pool area completely surrounded by building walls or fences? Yes No
If yes, provide height of wall and/or fence: _____
- (7) Are gates or doors opening into the pool area equipped with a self-closing / self-latching device? Yes No
- (8) Are depth markings clearly shown? Yes No
- (9) Do drain covers meet or exceed all codes, Acts or regulations? Yes No
- (10) Are warning signs and rules posted in accordance with local statutes and clearly visible? Yes No
- (11) Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside? Yes No
- (12) Pool maintained by: Applicant Outside Contractor
- (13) Lifeguards provided by: Applicant Pool Management Company Other _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date