

DAY CARE FACILITIES
SUPPLEMENTAL APPLICATION

Complete this application once for all locations. Use schedule supplement for multi-location risks. Note any exceptions for multi-location risks to this underwriting information at end of supplement.

Applicant: _____

Number of Locations: _____ (If more than one location, list on supplemental schedule)

If only one location, name and location of this facility: _____

Square feet at this location: _____ ft

LIFE SAFETY

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is Applicant licensed by State of domicile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a current certificate of occupancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any other occupants in building?
If yes, describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there emergency lighting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there cooking equipment? (If Yes, describe equipment and protections) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Number of exits _____ | | |
| 7. Fire protection
Automatic Sprinklers _____ Smoke Alarms _____ Heat Detectors _____ | | |
| 8. Are there fire drills? How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are there fire extinguishers? When were they last serviced? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there an outdoor playground?
If so, what is ground cover under equipment? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there a swimming pool/lake/stream on premises?
If yes, how is access limited? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the facility surrounded by a fence? | <input type="checkbox"/> | <input type="checkbox"/> |

STAFF/STUDENTS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are pre-admittance applications used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are pre-admittance physicals required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Average number of children per day? Under 2yrs ____ 2 to 6 yrs ____ Over 6 yrs ____ | | |
| 4. Staff? Administrative ____ Teachers ____ Volunteers ____ Other ____ | | |
| 5. The staff breakdown by age of child is ____ staff for each child:
Under 2yrs ____ 2 to 6 yrs ____ Over 6 yrs ____ | | |
| 6. Are all staff members trained in first aid? | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|
| 1. a) Is there a sick room | <input type="checkbox"/> | <input type="checkbox"/> | b) Is it supervised? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there written policies on (If yes, attach copies) | | | | | |
| a) Release of children? | <input type="checkbox"/> | <input type="checkbox"/> | d) Sick children | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Parental visitation? | <input type="checkbox"/> | <input type="checkbox"/> | e) Abandoned children | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Giving of medication? | <input type="checkbox"/> | <input type="checkbox"/> | f) Emergency/first aid | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any pets at the location?
If yes, describe the pet and size: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4. Are trips taken off premises?
If yes, describe _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 5. Do you own, operate or sponsor any camping facilities?
If yes, explain _____
of campers _____ # of camp days _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Applicant: _____	Date: _____
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