

Day Care Centers, Nurseries and Preschools General Liability Supplemental Application (Complete in addition to ACORD)

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. Years in business? _____
 Have you carried General Liability Coverage in the past? ☐ Yes ☐ No

Carrier	Limits	Premium
6. Annual gross sales: \$ _____
7. Do you require written notification if someone other than the parent or guardian will be picking up the child? ☐ Yes ☐ No
8. Are you engaged in, owned by, associated with or involved in any other enterprise? ☐ Yes ☐ No
 If yes, provide full details: _____
9. Are you licensed or certified per state regulations? ☐ Yes ☐ No
 If yes, provide license number: _____
 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: _____
- Have you had any violations or citations in a state inspection in the last 5 years? ☐ Yes ☐ No
 If yes, have they been corrected?: ☐ Yes ☐ No
 How have they been corrected? _____
10. 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: _____

11. Do you allow corporal punishment? ☐ Yes ☐ No

12. 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

13. 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	Ratio of teachers and volunteers must meet state staffing requirements.
0 - 12 months	_____	_____	_____	_____	_____	
1 - 3 years	_____	_____	_____	_____	_____	
4 - 5 years	_____	_____	_____	_____	_____	
6 - 10 years	_____	_____	_____	_____	_____	

14. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc.: _____

Do you use volunteers? ☐ Yes ☐ No

Are any of your volunteers under 18? ☐ Yes ☐ No

Are your volunteers ever allowed alone with children without a teacher present? ☐ Yes ☐ No

Do hiring practices include criminal background checks and sex offender registry searches (if Permitted by the state) and verification of references and prior employment? ☐ Yes ☐ No

15. 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: _____

16. 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: _____

17. Are any medications administered? ☐ Yes ☐ No

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

18. 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: _____

Do you provide any skilled nursing or constant medical care? ☐ Yes ☐ No

If so, describe: _____

19. 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

20. Are there any swimming exposures? ☐ Yes ☐ No

If yes, please complete all of question #20.

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? _____

21. 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

22. 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

23. 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
24. Do you offer "parent's night out" care? ☐ Yes ☐ No
 What verifications are made in safely returning children to the parents after "parent's night out"? _____

 Do you allow non-regularly registered children to attend? ☐ Yes ☐ No
25. Do you offer "drop-in" care? ☐ Yes ☐ No
 Is it regularly registered children? ☐ Yes ☐ No
 Is it at a hotel, shopping mall, special event, or other similar exposures? ☐ Yes ☐ No
 What kind of procedures are in place to make sure children are released to the correct parent/guardian? _____

26. 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
27. 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
28. 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: _____

29. 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: _____

30. Are there written guidelines in place regarding sexual misconduct? ☐ Yes ☐ No
 If NO, please explain: _____

31. 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/1MM

FRAUD WARNING STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas Louisiana West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Fire: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee Virginia Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature

Date

Title

Producing Agent