



Child Care Supplemental Application

Applicant's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Inspection Contact Name (if different from above) _____ Phone Number _____

Years in Business _____ License Capacity _____ Maximum Daily Attendance _____

Street Address	Building Limit	Business Personal Property Limit	Square Footage	Construction Type	Year Built	Roof Age

Has Plumbing been maintained, updated, or replaced? YES NO
 Has Heating system been maintained, updated or replaced? YES NO
 Is there an Automatic Fire Alarm? YES NO
 Is there a Sprinkler? YES NO

General Liability Limits:

\$100,000/\$200,000
 \$300,000/\$300,000
 \$300,000/\$600,000
 \$500,000/\$500,000
 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000
 \$1,000,000/\$3,000,000

Child Molestation and Abuse Limits:

\$25,000/\$50,000
 \$50,000/\$50,000
 \$50,000/\$100,000
 \$100,000/\$100,000
 \$100,000/\$300,000
 \$300,000/\$300,000
 \$300,000/\$600,000
 \$500,000/\$500,000
 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000

5 Year Loss History: No Prior Losses

Date of Loss	Description	Status	Amount Paid	Current Reserve

Has any policy or coverage been declined, cancelled, or non-renewed in the past three years? YES NO
 If Yes, Details: _____

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Any Additional Insureds: No Additional Insureds

Name	Mailing Address	Interest

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

	YES	NO
Are functioning and operational fire extinguishers readily available?	<input type="checkbox"/>	<input type="checkbox"/>
Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat source?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant own or operate any other business?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant, majority owner, partner or member filed bankruptcy in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any actual or alleged incidents of child molestation or abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Has the named insured or any officer, partner, member or owner of the applicant individually had any child care license, registration, or certification revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
Are all outside play areas 100% fenced? (actual fencing not just natural barriers)?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any wading and/or swimming pools on the premises deeper than 24 inches?	<input type="checkbox"/>	<input type="checkbox"/>
Do any enrolled children require skilled or specialized medical care?	<input type="checkbox"/>	<input type="checkbox"/>
Does any child have a health condition that requires invasive medical procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Does the center specialize in caring for children with special needs and/or have more than 20% of their enrollment comprised of special needs children?	<input type="checkbox"/>	<input type="checkbox"/>
Does the center have any children who are non-functioning in a social atmosphere or who have displayed violent or aggressive behavior (whether a danger to themselves or others)?	<input type="checkbox"/>	<input type="checkbox"/>
Are all children independent mobile/ambulatory?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant exempt from licensing, registration, or certification?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant licensed, certified or registered with the state?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any exposure to aluminum or knob and tube wiring on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is 100% of the wiring on functioning and operational 100 AMP circuit breakers?	<input type="checkbox"/>	<input type="checkbox"/>
Are there functioning and operational smoke and/or heat detectors on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have a pre-employment/volunteer and a periodic ongoing screening process after employment and volunteering have begun which includes verification that employees and any volunteer workers have never been convicted of any crime, included sex-related or child abuse related offenses?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant a franchisor?	<input type="checkbox"/>	<input type="checkbox"/>



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	YES	NO
Has the applicant ever been cited/violated by the state for the number of children on the premises exceeding the licensed capacity, failure to adhere to state mandated staff to child ratios, lack of supervision, failure to perform state mandated background checks, and/or incomplete medical records for enrolled children and/or medication logs?	<input type="checkbox"/>	<input type="checkbox"/>
Have all violations that have been cited in an inspection (whether the inspection was done by an insurance carrier or the state) been corrected within the required deadline for compliance?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant ever had a hearing regarding violations discovered by the state (regardless of the outcome of the hearing)?	<input type="checkbox"/>	<input type="checkbox"/>
Are permission slips obtained from parents or guardians for all field trips?	<input type="checkbox"/>	<input type="checkbox"/>
For school age children above grade 3, are they only providing before/after school (i.e. private, charter, Montessori, etc. schools that are above grade 3 are ineligible)?	<input type="checkbox"/>	<input type="checkbox"/>
Has or will the applicant provide care to children older than 14 and/or any adult care services?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant provide any babysitting, nanny, adoption, and/or referral services?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant travel to destinations to provide child care services?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have any homemade play equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any exposure to moonwalk or bounce equipment, gymnastic or wall-climbing equipment, ball pits or trampolines/rebounding equipment greater than 12 inches from the ground?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant offer any gymnastics, martial arts and/or other contact sports?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant's premises have at least two means of egress by door from each floor where they operate the child care center?	<input type="checkbox"/>	<input type="checkbox"/>
Are logs kept of all medicine that is administered, and is medicine only administered with the parent's/guardian's written consent and instruction?	<input type="checkbox"/>	<input type="checkbox"/>
Are children left unsupervised at any time (including nap time)?	<input type="checkbox"/>	<input type="checkbox"/>
Are all staff and volunteers over the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Are children ever left with only caregivers between the age of 18 and 21 and/or with volunteers that have not had a background check performed by the center?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant require that children are enrolled in the center with applications completed including complete medical information and emergency contact information that is signed by a parent/guardian prior to the first day of the child's stay (including drop in and/or short term care) and require updated immunization records annually?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant take field trips to residential swimming pools, duck boats or any other type of boating trip, lakes, beaches, skiing or snow tubing, skating rinks (ice or roller), amusement/water parks and/or any overnight trips?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant's center closed between 11 p.m. and 5 a.m.?	<input type="checkbox"/>	<input type="checkbox"/>



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FOR COMMERCIAL CENTERS ONLY:

	YES	NO
Does the applicant have any animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Are all cubbies and bookcases over 24 inches in height affixed to a wall or floor?	<input type="checkbox"/>	<input type="checkbox"/>
Are all kitchen facilities and heating appliances including bottle warmers physically separate from areas accessible by children?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant meet the minimum state staff to child ratio guidelines at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Under all permanently installed climbing, rocking, rotating, bouncing or moving equipment, there is a minimum of 6 inches of loose fill surfacing material (such as shredded wood/rubber, sand, etc.) OR a shock absorbing surface material (must be rubber tiles, mats, or a poured in place material) regardless of what is mandated by state guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
Does the center have any playground equipment with a platform over 6 feet high?	<input type="checkbox"/>	<input type="checkbox"/>
Is this center a 100% drop-in center (i.e. short-term child care services while parents are on the premises)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the center operate 100% as a before/after school program? If Yes:	<input type="checkbox"/>	<input type="checkbox"/>
Is the center licensed for before/after school care?	<input type="checkbox"/>	<input type="checkbox"/>
Is the operation being held in a gymnasium or cafeteria?	<input type="checkbox"/>	<input type="checkbox"/>
Are they using an outside play area that is not 100% fenced?	<input type="checkbox"/>	<input type="checkbox"/>
Is this legal operation run by the school and/or share administrators' with the school?	<input type="checkbox"/>	<input type="checkbox"/>
Does the center operate a day camp and/or summer camp? If Yes:	<input type="checkbox"/>	<input type="checkbox"/>
Are the children in the camp permitted to stay overnight?	<input type="checkbox"/>	<input type="checkbox"/>
Is the camp offering specialized programs (other than education) such as weight loss or sports instruction?	<input type="checkbox"/>	<input type="checkbox"/>
Are any staff members under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Is this a seasonal operation (i.e. only open in the Summer)?	<input type="checkbox"/>	<input type="checkbox"/>

FOR RESIDENTIAL CENTERS ONLY:

Are infants always placed in cribs during naptime & not on the floor, cots, beds, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Regardless of state mandated staff to child ratios, confirm the center will maintain a staff to child ratio of 1 provider for every 6 children if any child is under the age of 3 OR if all children are greater than 3, they maintain a staff to child ratio of 1 provider for every 8 children.	<input type="checkbox"/>	<input type="checkbox"/>

HIRED AND/OR NON-OWNED AUTOMOBILE LIABILITY QUESTIONS:

Does the applicant own any vehicles in the legal name of the business?	<input type="checkbox"/>	<input type="checkbox"/>
Do any employees or owners use their personal car for business use more than 12 times per year?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant transport children other than for emergencies and field trips?	<input type="checkbox"/>	<input type="checkbox"/>



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- | | YES | NO |
|---|--------------------------|--------------------------|
| Does the applicant allow drivers under the age of 21 to transport children? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant transport children on more than 5 field trips per year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant have a walk around vehicle checklist used when children enter and exit vehicles? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant require proof of auto insurance from all persons transporting children including employees, parents, volunteers, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| If the applicant uses a contract transportation company for field trips, do they obtain certificates of insurance confirming the transportation company carries auto insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| What is the annual cost of rental car or truck? \$_____ | | |

CREDIT/DEBIT QUESTIONS FOR COMMERCIAL CENTERS

- | | | |
|---|--------------------------|--------------------------|
| Is there an accident and health policy for the children in force? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant take any field trips to commercial swimming pools? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all doors equipped with pinch guards to prevent accidents to fingers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have infants aged 18 months or younger? | <input type="checkbox"/> | <input type="checkbox"/> |

Name (Please Print)

Authorized Signature

Date