



TEXTBOOK INSURANCE PROGRAM PROFESSIONAL UNDERWRITERS

DAY CARE/PRE-SCHOOL SUPPLEMENTAL APPLICATION

(Complete Supplemental Building Questionnaire for each Day Care/Pre-school Location)

INSURED: _____

*** This supplemental application is to be used when the Insured is the true operator of the Day-Care Center or Pre-school Program. If the Center/Program is operated by an independent concern on the school premises, the Insured should determine that adequate coverage is in place and that the Insured's interest is protected.

Location _____

Length of time in operation _____ Square Footage _____

Is it licensed? _____ Expiration Date _____

Licensing Agency _____

Hours/Days open _____ hours per day and _____ days per week.

Licensed for capacity of _____ children. Present enrollment _____.

Staff:

Number of professional staff employed _____

Number of other employed staff _____

Number of volunteer staff _____

Number of all staff under 18 years of age _____

Breakdown of staff by age of children:

_____ staff for each	_____ children 0-2 years of age
_____ staff for each	_____ children 2-3 years of age
_____ staff for each	_____ children 3-5 years of age
_____ staff for each	_____ children 5-7 years of age
_____ staff for each	_____ children 7 & over years of age

Are there any emotionally or physically handicapped children enrolled?

If yes, indicate how many: _____ Yes No

Employees are trained in child development/early childhood education and demonstrate appropriate personal characteristics for working with children. Yes No

Staff working with school age children have been trained in child development, recreation, or a related field. Yes No

There is an orientation program for new staff members that explains the goals and philosophy of the Center/Program, emergency health and safety procedures. Yes No

Each adult is free of physical and psychological conditions that may adversely affect children's health. Yes No

Staff receives pre-employment physical exams, TB tests, and evaluation of infection. Yes No

Hiring practices include careful checking of personal references of all potential employees. Yes No

Is any member of the staff under investigation for, or has a previous record of, child abuse or neglect? Yes No

Do new staff members serve a probationary employment period during which the director, or another qualified person, can make a professional judgment as to their physical and psychological competence for working with children? Yes No

Explain:

Are children under adult supervision at all times? Yes No

If children are not in the direct vision of adults, are adults aware of where they are and what they are doing? Yes No

Is an adult present while children are napping? Yes No

Is there a written emergency plan for the Center/Program? (please attach a copy) Yes No

Are poisonous/toxic materials kept under lock and key out of children's reach? Yes No

Is cooking area cleaned daily? Yes No

Are aged items disposed of daily? Yes No

Is there a regular inspection/maintenance program for the playground equipment? Yes No

Are chairs, tables and eating utensils suitable for the size and development levels of the children? Yes No

Are closet and bathroom doors easily opened in case of emergency? Yes No

Are keys or other devices readily accessible, if required? Yes No

Fraud Warning – For those states for which ACORD has developed a state-specific Fraud Warning. ACORD 63 (e.g., Arkansas, Colorado, Ohio & Oklahoma), such form must be read and signed by the applicant and attached to each copy of the application required to be submitted.

For other states except Nebraska and Oregon:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: Substantial] civil penalties. In TN, VA and ME insurance benefits may also be denied.

The answers to the above questions constitute a complete and accurate disclosure of all facts relating to the questions. To the best of my knowledge there are no known losses, acts, or omissions, which will result in claims under the insurance being applied for.

Signature of Authorized Representative of Insured/Date

Signature of Agent/Date

Title