

**TEXTBOOK INSURANCE PROGRAM
PROFESSIONAL UNDERWRITERS**

DAY CARE/PRESCHOOL SUPPLEMENTAL APPLICATION

DAY CARE/PRE-SCHOOL OPERATIONS

*** This supplemental application accompanies the School/College Application 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 of Day Care/Pre-School Site (s)

Length of time in operation: _____	Square Footage: _____
Hours open per day: _____	Present enrollment: _____
Number of days per week: _____	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed for Capacity of _____ children	License expires on: _____

Licensing Agency: _____

Other occupancies in same building? Yes No

Describe adjoining buildings: _____

Number of professional staff employed: _____	Number of volunteer staff: _____
Number of other employed staff: _____	Number of all staff under 18 years of age: _____
There are _____ staffers for _____ children 0-2 years of age.	
There are _____ staffers for _____ children 2-3 years of age.	
There are _____ staffers for _____ children 3-5 years of age.	
There are _____ staffers for _____ children 5-7 years of age.	
There are _____ staffers for _____ children over 7 years old.	

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Each adult is free of physical and psychological conditions that may adversely affect children's health.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff receives pre-employment physical exams, TB tests, and evaluation of infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hiring practices include careful checking of personal references of all potential employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the staff under investigation for, or has a previous record of, child abuse or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ _____	
Are children under adult supervision at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If children are not in the direct vision of adults, are adults aware of where they are and what they are doing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an adult present while children are napping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a written emergency plan for the Center/Program? (please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are poisonous/toxic materials kept under lock and key out of children's reach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cooking area cleaned daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are aged items disposed of daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a regular inspection/maintenance program for the playground equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are chairs, tables and eating utensils suitable for the size and development levels of the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are closet and bathroom doors easily opened in case of emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are keys or other devices readily accessible, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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