

# Child Care Supplement

(To be attached to Acord Application)

**Copy of license is required before binding coverage**

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:**

## LICENSING INFORMATION

1. Licensing Agency: \_\_\_\_\_

2. Number of years licensed: \_\_\_\_\_ Number of children on license: \_\_\_\_\_  
(Please attach copy of license) **Note:** Premium based on licensed capacity

Indicate maximum number of children permitted by license in each group:

0 to 6 months \_\_\_\_\_  
6 to 12 months \_\_\_\_\_  
12 to 18 months \_\_\_\_\_  
18 months to 2 years \_\_\_\_\_  
2 years to 5 years \_\_\_\_\_  
Over 5 years \_\_\_\_\_

3. Does your child to staff ratio meet your licensing requirement?  Yes  No

If no, please explain: \_\_\_\_\_

4. Has your license ever been revoked or suspended?  Yes  No

If Yes, explain \_\_\_\_\_

5. Are children accepted with: Physical, mental or emotional handicaps?  Yes  No  
Chronic illnesses?  Yes  No

If yes, indicate procedures/staff/equipment in place to handle. \_\_\_\_\_

## TYPE OF FIRM

1. Type of Firm:
- |  |  |
|--|--|
| <input type="checkbox"/> Drop In Care/All Ages             | <input type="checkbox"/> Full-Time Care/No Infants – Comm'l  |
| <input type="checkbox"/> Full-Time Care/All Ages – Comm'l  | <input type="checkbox"/> Full-Time Care/No Infants – In Home |
| <input type="checkbox"/> Full-Time Care/All Ages – In Home | <input type="checkbox"/> Full-Time Care/Preschool – Comm'l   |
| <input type="checkbox"/> Full-Time Care/Infants – Comm'l   | <input type="checkbox"/> Full-Time Care/Preschool – In Home  |
| <input type="checkbox"/> Full-Time Care/Infants – Home     | <input type="checkbox"/> Full-Time Care/Sick Care            |
| <input type="checkbox"/> Part-Time Care/Latch Key Programs |  |

2. Hours children are on premises: Monday – Friday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Weekends \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Any overnight stays?  Yes  No

If yes, please explain \_\_\_\_\_

## OPERATIONS

1. Average daily attendance:	Age	# Children	# of Teachers
	0 to 6 months	_____	_____
	6 to 12 months	_____	_____
	12 to 18 months	_____	_____
	18 months to 2 years	_____	_____
	2 years to 5 years	_____	_____
	5 years +	_____	_____

2. Owner's related experience and education: \_\_\_\_\_

3. Are there any pets on the premises?

Yes No

If Yes, Type of pet \_\_\_\_\_

If Dog – specify Breed and how separated from children

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Optional Dog Liability coverage is available for **In-Home Family Day Cares Only**. Dog(s) must be kept separated from children at all times. No more than 2 dogs allowed in In-Home Family Day Cares.

4. Are any special classes taught in dance, tumbling, gymnastics or martial arts?

If Yes, Explain: \_\_\_\_\_

### EMPLOYEE AND VOLUNTEER PROCEDURES AND STAFFING

Yes No

1. Are the following checked on employees and volunteers prior to hiring?

Personal References

Previous Employers

Criminal Background

2. Are records kept of all hiring items checked (references, background checks, etc.)?

### RISK MANAGEMENT

Yes No

1. Are children released only to authorized persons?

2. What procedures exist for:

a. Accidents, medical treatment, notification to parents? \_\_\_\_\_

b. Dispensing of prescribed medications? \_\_\_\_\_

c. Illness? \_\_\_\_\_

3. Any special needs required and/or provided?

If Yes, Explain: \_\_\_\_\_

4. Are medical care releases obtained at enrollment?

5. Are there written procedures/guidelines regarding discipline?

a. Are they communicated to parents?

b. Are they reviewed with staff and volunteers?

6. Are there written procedures/guidelines regarding abuse issues, including reporting of same?

7. Does the insured have emergency transportation available?

8. In case of an emergency is there a backup adult if you need to leave?

9. Are any field trips or activities conducted away from premises?

If yes, fully describe, including the estimated number of trips and/or activities: \_\_\_\_\_

a. Are parents required to sign "permission" forms for each field trip?

b. Mode of transportation used for trips. \_\_\_\_\_

10. Do you use swimming facilities off the premises?    
 If yes, a. Liability disclaimer required, forward copy.    
 b. Does the swimming facility provide lifeguard service?

11. Do you have swimming facilities, including any wading pool(s), on the premises?    
 (Optional water activities coverage is available upon request)  
 If yes, a. Type of wading pool (plastic or blow-up)? \_\_\_\_\_  
 b. Is pool emptied daily? (If not, no coverage available.)    
 c. Is pool stored away from children after use? (If not, no coverage available.)

**Note:** Wading pool is defined as pool of a non-permanent structure, 2 feet or less in depth and 15 feet or less diameter, with no slides (swimming pool questionnaire not required on wading pools).

12. Is the outside play area fenced? **Note: A fence is required**    
 Type of playground surface: \_\_\_\_\_  
 Are there trampolines?    
 List and describe all play equipment and structures: \_\_\_\_\_  
 \_\_\_\_\_

13. Is there a working fire extinguisher and/or smoke detector?    
 Date last serviced: \_\_\_\_\_

14. Is there a student group accident policy in effect?    
 (If yes, proof of insurance is required.)

15. Is operation located in your home? (**Note:** no building coverage available)    
 If yes, who is your homeowners insurance company? \_\_\_\_\_

16. Is operation located in a mobile home? (If yes, risk is ineligible)

17. Are bottle warmers used?    
 If yes, how are bottles warmed? \_\_\_\_\_  
 What type (model, brand)? \_\_\_\_\_  
 Where is warmer located? \_\_\_\_\_  
 Are cords kept out of reach of children?    
 Are safety measures used to insure the hot water cannot be spilled on staff or children?

**PREVIOUS EXPERIENCE**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have any claims been filed regarding any incidents involving physical or sexual abuse?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of any incidents involving physical or sexual abuse that could lead to a claim(s)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are procedures in place for reporting incidents of physical or sexual abuse?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you or any partner, officer, director, or employee ever been the subject of disciplinary action by a regulatory authority as a result of yours or their professional activities?<br>If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**SWIMMING POOLS – COMPLETE IF APPLICABLE**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Is there a pool on the premises?<br>Describe (i.e. in-ground, above-ground, etc) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are depth markings clearly indicated?<br>What is range of depths? _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What type of surface around pool area? _____<br>(i.e.: smooth, non-slip, etc.)         |                          |                          |

4. Are there any diving boards? (Not Acceptable)
5. Are there any water slides? (Not Acceptable)
6. Is there fencing surrounding the pool area?    
 If Yes, describe (i.e. height, gates, materials) \_\_\_\_\_  
**Note: We require that the pool area be fenced.**
7. Are "NO RUNNING" signs posted?
8. Please describe the chemical storage \_\_\_\_\_  
 \_\_\_\_\_
9. Do you have a self-locking gate or key necessary for access to the pool area?
10. Are lifeguards employed?    
 If yes – are they Red Cross certified?    
 Other certification (please list) \_\_\_\_\_
11. Are written emergency procedures present? \_\_\_\_\_
12. Any additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FRAUD STATEMENT**

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are complete and true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. It is understood and agreed that the completion of this questionnaire does not bind the insurance company.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: Date: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL COVERAGES**

The following coverages are available. Please list the desired coverage under the classification section of the application.

- Limited Abuse or Molestation (included in Illinois, Kansas and Nebraska)
- Professional Liability Errors and Omissions (removes Corporal Punishment Exclusion)
- On Premises Water Activities
- Limited Dog Coverage (Family Centers Only)
- Employee Benefit
- Hired and Non-Owned Auto (not available if Commercial Auto Policy is in effect)