

## Daycare Supplemental Application

Applicant's Name \_\_\_\_\_

Agent Name \_\_\_\_\_

DBA \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposed Effective Date:

Web Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

Where is the facility located?  
 (Commercial Building, House, Etc) \_\_\_\_\_

Applicant is:

- Individual  Joint Venture
- Corporation  LLC
- Partnership  Other

Years of Experience \_\_\_\_\_ years

Years doing business under current name \_\_\_\_\_ years

### Limits of Liability Requested

Each Occurrence	\$	
Personal & Advertising Injury	\$	
Products & Completed Operations Aggregate	\$	
General Aggregate	\$	
Fire Legal (any one premise)	\$	
Medical Expense (any 1 person)	\$	
Other Coverages, Restrictions, or Endorsements requested:		
Deductible	\$	BI/PD per Claim - LAE

Description of Operations \_\_\_\_\_

### Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			

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## Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

## Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

## Please indicate the number of children and attendants assigned to each age group

Age Group	Number of Children	Number of Attendants
Under 2 years	_____	_____
2-3 years	_____	_____
4-5 years	_____	_____
6-8 years	_____	_____
Over 8 years	_____	_____

How many Days per week is the facility open? \_\_\_\_\_ What are the hours of operation? From \_\_\_\_\_ To \_\_\_\_\_

Has the applicant and the staff been properly trained in first aid and CPR?  Yes  No

Do children stay over night?  Yes  No Does risk accept drop in children?  Yes  No

Is the property properly fenced?  Yes  No Are there any animals on premises?  Yes  No

Are there swimming facilities?  Yes  No Is there a playground on premises?  Yes  No

Does applicant accept direct funding from any government agency or social service?  Yes  No

Has any of your staff including yourself ever been implicated, arrested, or convicted of any crime other than a traffic violation?  Yes  No

Does applicant have any accident and health policy in place throughout this proposed policy period?  Yes  No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?  Yes  No

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim?  Yes  No

If yes, please describe. \_\_\_\_\_

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This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_

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