

Day Care Center Or Pre-School Liability Supplemental Questionnaire
General Agency

Notice: This Questionnaire becomes part of the policy and must be signed in ink by the President, Owner or Authorized Representative of the Applicant.
Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.
This document must be completed in addition to the ACORD Application.

1. Name of Applicant: _____

2. What year did you take over management of this business? _____

3. Premises Information:

- a. Occupied as Dwelling
 Constructed as Day Care Occupancy
 Constructed as Dwelling and Converted to Day Care Center
 Constructed as Commercial Building and Converted to Day Care Center

b. 1. Number of Fire Extinguishers on Premises _____ Number of Exits _____

2. Smoke Detectors? Yes No

3. Fire extinguishers serviced & tagged within last year? Yes No

4. Any cooking done on premises? Yes No

If yes, what type? _____

5. Have premises been inspected by local safety and Health authorities for building codes and health standards?

Yes No When? _____

If yes, were there any violations or citations? Yes No If Yes, please describe

4. Is applicant licensed? Yes No License Number _____

5. What is maximum number of children permitted by license? _____

6. What is maximum number of children on premises at any one time? _____

7. Hours children are on premises _____ A.M. to _____ P.M. No. days each week _____

8. Indicate the number of children in each age group and the number of attendants for each age group.

<i>AGE GROUP</i>	<i># OF INDIVIDUALS</i>	<i># OF ATTENDANTS</i>
Age Group 1 month to 12 months	_____	_____
Age Group 12 months to 24 months	_____	_____
Age Group 2 years to 5 years	_____	_____
Age Group of over 5 years	_____	_____

Are children with physical or emotional handicaps accepted? Yes No Number _____

Explain handicaps _____

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9. a. Describe play equipment and facilities. (If there is any unusual or special equipment used, describe: i.e., exercise equipment, trampoline, etc.) _____
- b. Is the yard fully fenced? Yes No
- c. Any special classes taught? Yes No if yes, describe (gymnastics, dance, swimming, etc.) _____
- d. Is there a swimming pool on premises: Yes No If yes, state size, depth of each end, number and height of diving boards? _____
- a. If yes, Steps into shallow end with handrails? Yes No
- b. Is the pool area completely surrounded by building walls or fence? Yes No
 If Yes, height: _____
- c. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? Yes No
- d. Are the depth marking clearly shown? Yes No
- e. Are warning signs and rules posted and clearly visible? Yes No
- f. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside? Yes No
- g. Is the swimming pool equipped with suction safety devices as required by US Code annotated, Title 15. Commerce and Trade, Chapter 106, Pool and Spa Safety, Subchapter 8003, Federal swimming pool and spa drain cover standard. Yes No
- e. Are there any animals on the premises? Yes No If yes, explain _____
- f. Any off premises field trips? Yes No If so, how many _____ How often _____
How transported _____ Where are trips to? _____ What student to teacher ratio do you require on these trips? _____ Do you require parents provide a signed permission form before a child can go on these trips? Yes No
- g. Is playground equipment secured? Yes No Describe type of surface underneath equipment (Asphalt, grass, sand, etc.) _____
10. Attach a list of all attendants/instructors with a description of his/her previous experience and educational background.
11. Describe procedures for:
- a. Hiring Procedures _____
Are National Criminal History background checks obtained for all employees/volunteers? Yes No
- b. Accidents, illness, medical treatment, notification to parents; _____
- c. Dispensing of prescribed medications: _____
- d. Is a licensed nurse on duty? Yes No If yes, hours per day and days per week _____
- e. Is staff trained in First Aid? Yes No Describe training _____
- f. Is a medical care release form from parent required? Yes No

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12. Has risk had any previous or pending allegations of sexual or physical abuse? Yes No
- a. Are Federal, State, and Local background checks performed on all employees and volunteers? Yes No
 - b. Do you have a written and documented crisis management plan for abuse or molestation allegations?
 Yes No
 - c. Do you limit volunteers and staff from being alone with any child (require more than one adult at all times)?
 Yes No
 - d. Are any minors in your care overnight or after hours? Yes No
 - e. Are parents encouraged to visit the premises unannounced and observe children's activities? Yes No
 - f. Do you discuss the following items with staff: Yes No
 - i. Child/sexual abuse?
 - ii. How to recognize the signs?
 - iii. What to do if a member/child reports someone molested him/her?

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and/or civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Other state specific notifications shown below).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____