

**Day Care Centers & Nurseries  
General Liability & Professional Liability  
Supplemental Application**  
(Complete in addition to ACORD)

- 
1. Name of Applicant: \_\_\_\_\_  
Website: \_\_\_\_\_
2. Type of Facility:  
 Commercial     In-Home     Government-Run
3. This operation is located in one of the following: (Please check one)  
 Private Home     Church     School     Location built specifically for a day care center or nursery  
 Other Give full explanation: \_\_\_\_\_
4. In addition to day care and pre-school services, what other services are provided?  
 Baby Sitting     Day Care Solely for Family Members     Drop-In     Nanny Services  
 Other: \_\_\_\_\_
5. Annual gross sales: \_\_\_\_\_
6. Do you require written notification if someone other than the parent or guardian will be picking up the child?     Yes     No
7. Are you engaged in, owned by, associated with or involved in any other enterprise?     Yes     No  
If yes, provide full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you licensed or certified per state regulations?     Yes     No  
Are you currently operating under a license "warning"?     Yes     No  
If yes, provide full details: \_\_\_\_\_  
Has your license ever been suspended or revoked?     Yes     No  
If yes, provide full details: \_\_\_\_\_  
Do you have any outstanding violations cited in an inspection that have not been corrected?     Yes     No  
If yes, provide full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. During the past 3 years, have any claims been presented to your current or prior insurance carrier?     Yes     No  
If yes, provide full details. Include description of claim, amounts paid and reserves: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you allow corporal punishment?     Yes     No
11. Building Information:
- a. Number of stories: \_\_\_\_\_
- b. Type of fire protection system: \_\_\_\_\_
- c. The emergency evacuation and fire drill plan: \_\_\_\_\_
- d. Functioning and operational fire extinguishers on premises?     Yes     No
- e. Functioning and operational smoke and/or heat detectors on premises?     Yes     No
- f. Are functioning quick release latch mechanism installed on any windows that have burglar bars?     Yes     No

12. Number of children facility is licensed for? \_\_\_\_\_

Average daily attendance? \_\_\_\_\_

Do you meet state requirements for staff/child ratio?  Yes  No

Indicate the number of children in each age group and teachers/attendants for each group:

Age Group	Full Day	Half Day AM	Half Day PM	Number of Teachers	Number of Volunteers
0 - 12 months	_____	_____	_____	_____	_____
1 - 3 years	_____	_____	_____	_____	_____
4 - 5 years	_____	_____	_____	_____	_____
6 - 10 years	_____	_____	_____	_____	_____

**Ratio of teachers and volunteers must meet state staffing requirements.**

13. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc.

Attach a list of all employees along with their experience and qualifications: \_\_\_\_\_

If you use volunteers, please describe: \_\_\_\_\_

Are any of your volunteers under the age of 18?  Yes  No

Do any of your volunteers ever replace teachers?  Yes  No

14. Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime?  Yes  No

If yes, please provide complete details: \_\_\_\_\_

15. Do you require a physical examination or medical certificate before a child is accepted?  Yes  No

Will you accept a child who is sick?  Yes  No

If yes, how is situation handled: \_\_\_\_\_

16. Are any medications administered?  Yes  No

If yes, do you require a signed consent form from parent or guardian?  Yes  No

17. There are \_\_\_\_\_ children enrolled at your facility with special emotional or physical needs who require treatment for their condition(s). Describe condition(s), age of child(ren), and special care provided by facility staff: \_\_\_\_\_

Please describe training/certification of staff that cares for disabled/special needs children: \_\_\_\_\_

18. Play equipment on premises:

Swings  Jungle gym  Slide  Sandbox  Trampoline  Inflatable bounce equipment

Other (List): \_\_\_\_\_

Is all play equipment securely anchored?  Yes  No

Is there impact absorbing material under and around play equipment?  Yes  No

What is the maximum height of playground equipment? \_\_\_\_\_ FT.

Is play area fully fenced?  Yes  No

19. Are there any swimming exposures?  Yes  No  
 If yes, please complete all of question #19.
- For On-Premises Pools:**
- Pool  Wading  Above ground  In ground  
 Size: \_\_\_\_\_ X \_\_\_\_\_ FT. Depth: From \_\_\_\_\_ FT. to \_\_\_\_\_ FT.  
 Is pool fully fenced?  Yes  No Height of fence: \_\_\_\_\_ FT.  
 Is pool equipped with a self-closing/latching device?  Yes  No  
 Is pool locked when not in use?  Yes  No  
 Is wading pool emptied after each use?  Yes  No  N/A  
 Is your pool insured elsewhere by another insurance carrier?  Yes  No  
 Are day care children allowed to use the pool?  Yes  No  
 If yes:  
 a. What is the ratio of staff to children when they are in the pool? \_\_\_\_\_  
 b. Is there a CPR-trained/certified staff member on the premises at all times?  Yes  No  
 What is the age of the pool? \_\_\_\_\_  
 Number of pool drains per pool? \_\_\_\_\_  
 Do all pool drains and grates have covers that cannot be removed without the use of a tool?  Yes  No  
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No  
 If NO, provide full details: \_\_\_\_\_  
 Do drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate?  Yes  No  
 Does pool have an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain?  Yes  No  
 Are dual or multiple drains at least three (3) feet apart?  Yes  No  
 Number of diving boards \_\_\_\_\_ Height of boards \_\_\_\_\_  
 Number of slides \_\_\_\_\_ Height of slides \_\_\_\_\_  
 Are children allowed to use diving boards or slides in swimming pools?  Yes  No
- For Off-Premises Pools:**
- Location of the pool (YMCA, park, etc.) \_\_\_\_\_  
 Are there lifeguards on duty at all times?  Yes  No  
 What is the ratio of staff to children when they are in the pool? \_\_\_\_\_
20. Are there any animals on the premises?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 If there are dogs, list breed(s): \_\_\_\_\_  
 Do children have access to the animal(s)?  Yes  No
21. Are there any special classes taught? (Swimming, gymnastics, for example.)  Yes  No  
 If yes, list: \_\_\_\_\_  
 If special classes are taught by third parties, do you require them to have General Liability Insurance coverage in force?  Yes  No
22. Are there any overnight stays?  Yes  No  
 If yes, provide reason for stay: \_\_\_\_\_  
 Do you accept any drop-in children for overnight stays?  Yes  No  
 What percentage of children stay overnight? \_\_\_\_\_ %  
 Are children over the age of five (5) years allowed to sleep in the same room as children of the opposite gender?  Yes  No  
 Is the staff required to stay awake all night?  Yes  No  
 Are staff-to-child ratios maintained during the overnight hours?  Yes  No
23. Do you offer "parent's night out" care?  Yes  No

24. Provide full details of all types of field trips including staff-to-child ratio: \_\_\_\_\_

Are consent forms obtained from all parents before a field trip?  Yes  No

Do children participate in any high-risk activities such as water parks, theme parks with roller coasters, zip-lining, rock climbing, etc?  Yes  No

25. Do you have a before/after school program?  Yes  No

Do you or a third party provide transportation?  Yes  No

Is valid commercial auto insurance in place?  Yes  No

26. Do you perform both national criminal background and national sex offender registry checks on all potential employees and volunteers?  Yes  No

27. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?  Yes  No

If yes, please provide details: \_\_\_\_\_

28. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there?  Yes  No

If yes, describe: \_\_\_\_\_

29. Are there written guidelines in place regarding sexual misconduct?  Yes  No

If NO, please explain: \_\_\_\_\_

30. Would you like Sexual Molestation Coverage?  Yes  No

If yes, please check the limits you are requesting:

\$25,000/50,000 - No additional charge  \$50,000/100,000  \$100,000/300,000

\$300,000/600,000  \$500,000/1MM  \$1MM/2MM

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent