



General Agent Name _____

Address: _____

Date: _____ Phone: _____

Fax: _____

Insured: _____ Location: _____

GENERAL INFORMATION

Licensed by: _____ Expiration Date: _____

License Number: _____ Licensed for (# of children): _____

Number of Children: _____ Hours open for business: _____

Number of days per week: _____ How long in business: _____

Are there animals on the premises? Yes ___ No ___

<u>Age of Children</u>	<u>Number of Children</u>	<u>Number of Attendants</u>
Birth to 16 months	_____	_____
16 months to 2 years	_____	_____
2 years to 4 years	_____	_____
4 years to school children	_____	_____
School children	_____	_____

PERSONNEL REQUIREMENTS

- Do all personnel undergo criminal background checks? Yes ___ No ___
- Do all personnel submit to routine drug screening? Yes ___ No ___
- Describe personnel training requirements: _____

- Do all employees receive instruction/training in emergency health & safety procedures? Yes ___ No ___
- Are the personnel equipped to provide emergency first aid? Yes ___ No ___
- Is a nurse or other licensed health practitioner employed? Yes ___ No ___
- Are health records maintained for each child enrolled including information or immunizations and special health and dietary problems? Yes ___ No ___

RECREATIONAL FACILITIES

- Is the yard fully fenced? Yes ___ No ___
- Is a swimming pool or wading pool on premises? Yes ___ No ___
- Are any special classes taught, e.g. gymnastics, dance, swimming, etc.? Yes ___ No ___
If yes, describe. _____
- Any off-premises field trips? Yes ___ No ___
If yes, how many? _____ How often? _____ How transported? _____
Are permission slips obtained? Yes ___ No ___
Describe trip destinations. _____
- Describe play equipment and facilities. (Include any unusual or special equipment used such as exercise equipment, trampoline, pools, etc.) _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____