



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

Insured Name: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

**PROHIBITED LIST**

- Drop in day care
- Adult day care
- Day care for sick, disabled or handicapped children
- Facilities for mentally impaired
- Swimming pools on premises
- Gymnastic lessons
- Exercise Equipment
- Trampolines
- Nurse or other licensed health practitioner employed
- Animals on premises

**ADDITIONAL INFORMATION**

\_\_\_\_ Are the premises fenced?  
\_\_\_\_ Smoke detectors? Hard Wired ( ) or Battery Operated ( )  
\_\_\_\_ Are Fire extinguishers currently tagged?  
\_\_\_\_ Are exits marked and lighted?  
\_\_\_\_ Do doors have panic hardware installed?  
\_\_\_\_ Night Time or Overnight Stay  
\_\_\_\_ Is medicine/first aid equipment safely stored out of reach of the children?  
\_\_\_\_ Nanny services  
Is this an in-home day care? \_\_\_\_ If so, is homeowners/renters liability insurance in place? \_\_\_\_

**STAFFING**

<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	_____	_____

Do all attendants undergo criminal background checks? Yes \_\_\_\_ No \_\_\_\_  
Do all personnel submit to routine drug screening? Yes \_\_\_\_ No \_\_\_\_  
Are all employees certified in CPR and trained in first aid? Yes \_\_\_\_ No \_\_\_\_  
Are health records maintained for each child enrolled including information on immunizations and special health and dietary problems? Yes \_\_\_\_ No \_\_\_\_

**FIELD TRIPS**

- \_\_\_\_\_ Anticipated number of monthly field trips
- \_\_\_\_\_ Are permission slips signed?
- \_\_\_\_\_ Any trips to public beaches, lakes or pools? (submit)
- \_\_\_\_\_ Any trips to zoos or other amusement facilities? (submit)

Describe anticipated field trip destinations:

- 1.
- 2.
- 3.
- 4.
- 5.

Playground equipment? DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

Describe type of surface around playground and equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOSSES:** Describe all losses which have occurred in the last three years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_