Commonwealth Underwriters Ltd.

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DAY CARE SUPPLEMENT APPLICATION
(Include Acord application)

Applicant's Name: _____   Location Address: _____

Mailing Address: _____   _____

_____   _____

Is applicant properly licensed where required by law?   ☐ Yes ☐ No   License Number: _____

Maximum number of children allowed by license: _____   Average Daily Attendance: _____

MINIMUM RATIO OF ATTENDANTS TO CHILDREN MUST MEET STATE LICENSE REQUIREMENTS.

Number of active owners/officers/partners: _____   Number of Employees _____

Estimated annual: Payroll (excl. owner) _____   Receipts _____   Subs Costs _____

Sexual/physical sublimit requested: ☐ $25K/$50K   ☐ $50K/$100K   ☐ $100K/$300K

Any of the following? Please describe all "yes" answers in detail below.			
Accident & Health policy in force	☐ Yes ☐ No	Swimming Pools (if yes, complete Pool Supplemental Application)	☐ Yes ☐ No
Dogs on Premises	☐ Yes ☐ No	Unanchored equipment	☐ Yes ☐ No
Off-premises field trips	☐ Yes ☐ No	Unfenced playground	☐ Yes ☐ No
Special classes taught (dance, gymnastics, swimming, etc.)	☐ Yes ☐ No	Trampoline	☐ Yes ☐ No
		Other: List _____	☐ Yes ☐ No

Please detail all answers to the following questions on the next page.

Does applicant have a procedure for picking up children?   ☐ Yes   ☐ No

Does applicant have a procedure to identify adults picking up children?   ☐ Yes   ☐ No

Does applicant have a procedure for administration of medications?   ☐ Yes   ☐ No

Does applicant do criminal background checks on all employees?   ☐ Yes   ☐ No

Does applicant have playground equipment on premises? If yes, list below.   ☐ Yes   ☐ No

Does applicant serve meals or snacks? If yes, detail how handled.   ☐ Yes   ☐ No

Describe how injuries and illnesses are handled: _____

Details:
_____
_____
_____

Attach a copy of enrollment form, medical release, hold harmless, etc.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

_____   _____   _____

Applicant's Signature   Producer's Signature   Date