

APPLICANT INFORMATION

Named Insured _____

Location Address	Street	City	State	Zip
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LOCATION INFORMATION

LICENSING:
 • Is this Center licensed? Yes No The license expires on ____/____/____. The Center is licensed for a capacity of _____ Children.

CURRENT ENROLLMENT:

- The total enrollment of the Center is _____ children.
- The number of enrolled children with an emotional, mental or physical handicap or disability is _____. These handicaps include the following: _____
- The number of enrolled children that require a special diet is _____. These diets include the following: _____
- Staffing: **Please complete the number of staff and children by Age Group below**

Age Group	Number of Staff	Number of Children	Tuition per week	NAEYC Standard Company Use	Meets/Exceeds NAEYC Standard Company Use
0 to 12 mos.					
1 year olds					
2 year olds					
3 year olds					
4 year olds					
5 year olds					
6 years and up					
	Total:	Total:			

PROPERTY

Property values will be increased by 3% for inflation. If you require any additional changes from expiring, please submit a property accord application.

MANAGEMENT EXPERIENCE and PROCEDURES

Describe each Owner / Operator of the Center:

Name	Duties	Degree(s)	Child Care Experience
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)

- Do you have an Accident & Health policy? Yes No • If yes, what limits are provided? _____
- Is the coverage Primary or Excess
- Do you have a written emergency evacuation plan? Yes No
- Do you have a written parent brochure that is distributed to the parents? Yes No

AUTOMOBILE

AUTOMOBILE:

Do you have owned autos? Yes No If no, do you require Hired/Nonowned coverage? Yes No
 Any additions or deletions to the automobile schedule? Yes No

If yes,

Vehicle (Yr & Model)	Seating Capacity	Vin #	Cost New	Addition or Deletion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Drivers:

Please list the current principal and substitute drivers. **Forward MVRS on any new drivers.**

Driver's Name	Date of birth	Driver's License #	State of License
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OPERATIONS

OFF-PREMISES EXPOSURE:

Are field trips taken? No Yes **If NO**, do you anticipate taking field trips in the future? No Yes

Yes
 • Please describe the **types of trips**, their **frequency** and the **maximum distance traveled** below:
 Types: _____
 Frequency: trips per year
 Max Distance Traveled: miles

PLAYGROUND:

Does the facility have a playground? No Yes

- If YES,**
- Is the playground fenced-in? No Yes
 - Is the playground equipment organized so that it is age-appropriate? No Yes
 - Do you have a trampoline on the premises? No Yes
 - What is the maximum height of the playground equipment? ?

SWIMMING:

Does the Center have on-premises swimming facilities? No Yes

If Yes:

- Minimum age of children allowed in water _____ • Diving Boards? No Yes IF YES Height(s) _____ feet.
- Sliding boards? No Yes
- Pool Depths marked? No Yes Is the pool fenced in? No Yes
- Is there self-locking gate? No Yes • Are supervisory staff trained in water safety? No Yes
- Lifeguard on duty? No Yes

Center Pool-- Above ground Below ground Wading Pool Cement Maximum depth of water _____ feet

• Ratio of Staff supervision to children in pool during water play?

Number of Children **Under** 6 years of age _____ Number of Staff _____
 Number of children **Over** 6 years of age _____ Number of staff _____

Does Center have off-premises Swimming? ? No Yes

If yes:

Private Pool---- Above ground Below ground Wading Pool Cement Maximum depth of water _____
If private pool, who owns the pool? _____ Diving Board? No Yes

Public Pool - Above ground Below ground Plastic Cement Maximum depth of water _____

Lake or Ocean—How many trips per season? _____

Water Parks—How many trips per season? _____

Ratio of Staff supervision to children in pool during water play?

Number of Children 6 years of age or Under _____ Number of Staff _____

Number of Children Over 6 years of age _____ Number of Staff _____

OTHER MISCELLANEOUS CHANGES

Any other changes not mentioned above? Please describe:

This application and the loss information shown in the attached ACORD applications are understood to be an inducement to the issuance of a policy of insurance by company and the applicant warrants that all answers to questions are true and correct to the best of applicant's knowledge and belief..

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Insured Signature: _____

Date: _____

Agent Signature: _____

Date: _____