



DAY CARE CENTER OR PRE-SCHOOL LIABILITY SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Accord Application)

1. Name of Applicant: _____

2. Premises Information:

- A. Occupied as Dwelling, Constructed as Day Care Occupancy, Constructed as Dwelling and Converted to Day Care Center, Constructed as Commercial Building and Converted to Day Care Center

B. 1. Number of Fire Extinguishers on Premises, Number of Exits _____

2. Smoke Detectors? Yes No

3. Fire extinguishers serviced & tagged within last year? Yes No

4. Any cooking done on premises? Yes No

If yes, what type? _____

5. Have premises been inspected by local safety and health authorities for building codes and health standards? Yes No When? _____

If Yes, were there any violations or citations? Yes No If Yes, please describe

3. Is applicant licensed? Yes No License Number _____

4. What is maximum number of children permitted by license? _____

5. What is maximum number of children on premises at any one time? _____

6. Hours children are on premises _____ A.M. to _____ P.M. No. days each week _____

7. Indicate the number of children in each age group and the number of attendants for each age group.

Table with 3 columns: AGE GROUP, # OF INDIVIDUALS, # OF ATTENDANTS. Rows include age groups from 1 to 12 months to adults.

Are children with physical or emotional handicaps accepted? Yes No Number _____

Explain handicaps _____

8. A. Describe play equipment and facilities. (If there is any unusual or special equipment used, describe: ie., exercise equipment, trampoline, etc.) _____

B. Is the yard fully fenced? Yes No

C. Any special classes taught? Yes No If yes, describe (gymnastics, dance, swimming, etc.)

D. Is there a swimming pool on premises: Yes No If yes, state size, depth of each end, number and height of diving boards? _____

E. Are there any animals on the premises? Yes No If yes, explain _____

F. Any off premises field trips? Yes No If so, how many _____ how often _____
how transported _____ Describe _____

G. Is playground equipment secured? Yes No Describe type of surface underneath equipment (Asphalt, grass, sand, etc.) _____

9. Attach a list of all attendants/instructors with a description of his/her previous experience and educational background.

10. Describe procedures for:

A. Hiring Procedures _____

Are National Criminal History background checks obtained for all employees/volunteers? Yes No

B. Accidents, illness, medical treatment, notification to parents; _____

C. Dispensing of prescribed medications: _____

D. Is a licensed nurse on duty? Yes No If yes, hours per day and days per week _____

E. Is staff trained in First Aid? Yes No Describe training _____

F. Is a medical care release form from parent required? Yes No

11. Has risk had any previous or pending allegations of sexual Yes No
or physical abuse?

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer _____

Signature: _____

Date: _____

Producer Signature: _____