

# **Child Care**

For a complete s	ubmission, please include the following information:
	□ ACORD Applications 125 & 126
	□ Supplemental Application

If you don't see what you need or have any questions, please email your underwriter: Teresa@CIDinsurance.com

### **CID Insurance Programs Inc. DBA CID Insurance Services**

#### **DAYCARE CENTER SUPPLEMENTAL APPLICATION**

	of Insured:						
rib	oe all business operat	ions conducted	by the applicant:				
	eral Information:						
Da	ycare facility is in:						
mı	mercial Building	Home	Church	School	Other:		
_	How long has the a	nnlicant heen in	business?				
	Is the facility owner or tenant occupied? What percentage of the building does the applicant occupy:						
	What is the maximum number of children on premises at any one time?						
	Average daily atter	ndance:	<u> </u>				
	Indicate the number	ers of staff and o	hildren assigned to each	age group bel	low:		
	Age Group		Number of Staff		Number of Children		
-	0-11 Months						
_	12-23 Months						
-	2-5 Years						
-	6-8 Years						
_	9 Years - Over						
	•						
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# 3. Additional Exposure: Do you have a swimming pool on premises? \_\_\_\_\_ If yes, complete the following questions: Is the pool area fully fenced? Is the fence equipped with self-closing and self-latching gates? Does pool have depth markers? Does pool have a diving board or slide? \_\_\_ Is there a lifeguard? If yes, are lifeguards present at all times when swimming areas are open? Is there life saving equipment in place? \_\_\_ Other than ground level, what floors are open to children and for what use? \_\_\_\_\_\_ Do any field trips or activities take place off the premises? (If yes, describe): What is the mode of transportation: \_\_\_\_ Are any special classes taught (example: athletics, dance, gymnastics)? Does the risk have a fenced playground? \_\_\_\_\_ Is there a kitchen area? \_\_\_\_\_ If yes, are children allowed in the kitchen area? \_\_\_\_\_ Are there any pets at this location? (if yes, explain) 4. Loss Information: Have any losses, claims, or potential claims occurred on your premises, whether covered by insurance or not over the past 3 If yes, provide dates, amounts, and corrective action taken:

### **Applicant's Statement**

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of Applicant / Title	Print Name	Date