



The Brokers Preferred Wholesale Solution

Child Care

For a complete submission, 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

Date: _____
 Named of Insured: _____
 Describe all business operations conducted by the applicant: _____

1. General Information:

The Daycare facility is in:

Commercial Building Home Church School Other: _____

- How long has the applicant been 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 attendance: _____
- Indicate the numbers of staff and children assigned to each age group below:

Age Group	Number of Staff	Number of Children
0-11 Months		
12-23 Months		
2-5 Years		
6-8 Years		
9 Years - Over		

2. Safety:

- Is risk licensed by State: _____ State License # _____ Expiration Date: _____
- Are criminal background checks performed on all current employees and volunteers? _____
 - How long have you been performing these background checks? _____
 - How long do you keep these records on file? _____
- Do restroom doors lock? _____ If yes, can they be unlocked from the outside?
- Are any physically or mentally disabled or challenged children allowed in the center: _____ Number: _____
 Explain: _____
- Is staff trained in CPR? _____
- Is staff trained in First Aid? _____ If yes, describe training: _____
- Does staff dispense medication? _____ If yes, are written instructions provided? _____
- Do children stay overnight at the Center? Yes No
- Does the center accept drop-in children? Yes No
- Is any weekend or holiday care provided? Yes No
- Are there any nurses or healthcare professionals? Yes No
- Do employees/volunteers transport children at any time? _____
- Is there a written emergency evacuation plan? _____
 - How often are evacuation drills performed? _____
- Does the applicant provide any safety training for children, and if so, describe: _____
- Describe procedures for dealing with sexual abuse: _____

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 years? _____
 - 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