

Ashland General Agency, Inc.

DAY CARE AND PRE-SCHOOL SUPPLEMENTAL

(Complete in addition to the **Acord** General Liability Application)
 (Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : _____

1. Location of premises: _____
2. Description of Operations: In-Home Day Care Day Care Center Before/After School Program Sick-Child Day Care
 Part of an Organization (describe): _____
3. Number of years experience: _____ Number of years in business: _____ Days & Hours of operation: _____
4. Is applicant licensed?..... yes no
 License number: _____ Maximum number of children permitted by license: _____
5. Maximum number of children on premises at any one time: _____ Average daily attendance: _____
6. Indicate the number of children within each age group and the corresponding number of attendants assigned:

Age Group	1 - 6 months	6 - 12 months	1 - 3 years	Over 3 years to 8 years	Over 8 years
Number of Children					
Number of Attendants					

7. Total number of employees: _____ Any leased employees?..... yes no
8. Are criminal background checks completed on employees?..... yes no
9. Any previous or pending allegations of sexual or physical abuse?..... yes no
10. Daycare facility is located in: Commercial building Church Home Other (describe): _____
 Please describe the building (age, construction, exits, etc.): _____
11. Any cooking done on premises?..... yes no
 If yes, what type? _____
12. Please describe the play equipment and facilities:
 - a. Trampoline?..... yes no
 - b. Play area fully fenced?..... yes no
 - c. Swimming pool?..... yes no
 If yes, (1) Above-ground In-ground Depth of water: _____ ft.
 (2) Is there pool slides..... yes no
 (3) Is there diving boards..... yes no
 If yes, what is the height? _____
 (4) Is there a wading pool (less than 24 inches deep)?..... yes no
 (5) Is there life safety equipment at poolside?..... yes no
 (6) Is the pool area fenced with self-latching gate?..... yes no
 (7) Is one of the attendants a certified lifeguard or CPR certified? yes no
 (8) Ratio of attendants to children while swimming? _____ to _____
 - d. Any natural bodies of water (lakes, rivers, streams, etc.) on property? yes no
 - e. **Other play equipment (describe):** _____
13. Any special classes taught (gymnastics, dance, etc.)?..... yes no
 If yes, please describe: _____
14. Describe how injuries and illnesses are handled: _____
15. Any medication dispensed?..... yes no
 If yes, please describe: _____
16. Please describe the nature of any field trips (number of trips, who transports, etc.): _____
17. Does applicant have an accident and health policy covering students?..... yes no
 Carrier: _____ Policy Number: _____ Policy Term: _____
18. Are children released only to custodial parent or guardian?..... yes no
 If no, describe authorization procedure: _____

-Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used.

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. 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's Signature _____ Print Signee _____ Date _____ Producer's Signature _____