

DAY CARE APPLICATION

APPLICANT'S NAME: _____ **EFFECTIVE DATES:** _____
MAILING ADDRESS: _____
BUSINESS LOCATION: _____
LIMITS REQUESTED: _____ **DEDUCTIBLE REQUESTED:** _____
HOW LONG IN BUSINESS UNDER THIS NAME? _____ **YEARS EXPERIENCE IN THIS FIELD:** _____
 INDIVIDUAL PARTNERSHIP CORPORATION JOINT VENTURE OTHER
IS APPLICANT PROPERLY LICENSED WHERE REQUIRED BY LAW? YES NO **LICENSE #:** _____
MAXIMUM # OF CHILDREN ALLOWED BY LICENSE: _____ **AVERAGE DAILY ATTENDANCE (ADA):** _____

MINIMUM RATIO OF ATTENDANTS TO CHILDREN MUST MEET STATE LICENSE REQUIREMENTS!

NUMBER OF ACTIVE OWNERS/OFFICERS/PARTNERS: _____ **NUMBER OF EMPLOYEES:** _____
ESTIMATED ANNUAL: PAYROLL (EXCL OWNER'S) = _____ **RECEIPTS =** _____ **SUBS COSTS =** _____

ANY OF THE FOLLOWING? PLEASE DESCRIBE YES ANSWERS IN DETAIL SECTION BELOW:

ACCIDENT & HEALTH POLICY IN FORCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	SWIMMING POOLS	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOGS ON PREMISES	<input type="checkbox"/> YES <input type="checkbox"/> NO	UNANCHORED EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
OFF-PREMISES FIELD TRIPS	<input type="checkbox"/> YES <input type="checkbox"/> NO	UNFENCED PLAYGROUND	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIAL CLASSES TAUGHT (DANCE, GYMNASTICS, ETC.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER: (LIST)	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE DETAIL ALL ANSWERS TO THE FOLLOWING QUESTIONS BELOW.

DOES APPLICANT HAVE A PROCEDURE FOR PICKING UP CHILDREN? YES NO
 DOES APPLICANT HAVE A PROCEDURE TO IDENTIFY ADULTS PICKING UP CHILDREN? YES NO
 DOES APPLICANT HAVE A PROCEDURE FOR ADMINISTRATION OF MEDICATIONS? YES NO
 DOES APPLICANT DO BACKGROUND CHECKS ON ALL EMPLOYEES? YES NO
 DOES APPLICANT HAVE PLAYGROUND EQUIPMENT ON PREMISES? IF YES, LIST BELOW. YES NO
 DOES APPLICANT SERVE MEALS OR SNACKS? IF YES, DETAIL HOW HANDLED BELOW. YES NO

DETAILS:

PRIOR CARRIER INFORMATION

YR	CARRIER	POLICY #	LIMITS	PREMIUM	# OF CLAIMS	TOTAL PD *	RESERVED *

* ATTACH SEPARATE SHEET WITH DETAILS

Any person who knowingly & intends to defraud an insurance company or other person, files an application for insurance containing false info., or conceals for the purpose of misleading, information concerning any fact of material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature:	Date:
Producer's Signature:	Agency:
	Date: