

Philadelphia Insurance Companies

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

DAY CARE CENTER SUPPLEMENTAL APPLICATION

NAMED INSURED : _____

SIC CODE: _____ FEIN: _____

1. The Center is located in: Private Home Separate Building Church School Other
(If in a Private Home, decline submission.)
2. Center is located in a: Commercial Residential Rural setting.
3. Does your Center exit directly to the outside? Yes No To ground level? Yes No
4. Does your Center have smoke detectors? Yes No
Does your Center have fire extinguishers? Yes No
Are they inspected and tagged? Yes No
Are they checked and tested on a regular basis? Yes No
5. Is premises child-proofed to eliminate potential hazards? Yes No
6. Does the Center bathroom doors lock? Yes No If yes, can they be unlocked from the outside? Yes No
7. Has a lead abatement been performed since 1980? Yes No
8. Is the Center licensed? Yes No **If yes, copy of Day Care License must be attached.**
9. Has a license to operate ever been denied, suspended or revoked? _____
Have you ever been brought up for a compliance hearing? If so, explain: _____
10. If the Center has an after school program, there are _____ children enrolled in that program.
11. Provide duties and ages of all staff less than 18 years of age: _____

12. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group?

AGE GROUP	# OF TEACHERS	# OF CHILDREN
Less than 18 Months		
18 – 30 Months		
30 Months – 4 Years		
Preschool		
Afterschool		

13. There are _____ children enrolled at the Center who are emotionally or physically handicapped or who require special treatment due to existing medical problems. Describe disability, age of child, and special care provided by Center Staff: _____

14. There are _____ children enrolled at the Center who requires a special diet. Describe diet: _____

15. A minimum of one staff member certified in First Aid is present at all times. Yes No
16. Do you provide sick child facilities? Yes No If Yes, please explain: _____

17. Please describe Center's child release policy: _____

18. Is a file maintained on each child containing the following information.
 Immunization records of the children being immunized successfully, and updated annually? Yes No
 Records for each child indicating unusual conditions the child has? Yes No
 Signed releases for emergency medical treatment/dispensing of medication obtained from parents? Yes No
 Is dispensing of children's medication also subject to written instructions from physician? Yes No
19. Do you utilize swimming facilities? Yes No On Premises Off Premises
 If no, do you anticipate using swimming facilities in the future? Yes No If yes, explain below.
 Are pool depths marked Yes No
 Staff trained in water safety? Yes No
 Minimum age of children allowed in the water: _____
 Is the pool area fenced? Yes No
 Is there a self-locking gate? Yes No
 Is the walking surface around the pool in good condition? Yes No
 Is there adequate supervision? Yes No
 Are there lifeguards used at all times? Yes No
 Any slides or diving boards? Yes No
 Is the storage of pool chemicals secure? Yes No
20. Is there a playground? Yes No Is it fenced? Yes No
 Please describe playground surfaces: _____
 Are there any trampolines? Yes No
 Is their appropriate separation of age groups? Yes No
 Playground equipment properly checked? Yes No
21. Play equipment and toys meet the consumer safety code requirements? Yes No
22. Are any pets or animals kept on premises? Yes No Describe: _____
23. Are field trips taken? Yes No If field trips are taken:
 Describe field trips: _____
 Frequency of field trips _____
 Maximum distance from Center _____
 Is written permission/waiver obtained from each child's parent or guardian? Yes No
 Is transportation hired with or without a driver? Yes No
 What is the youngest age allowed for field trips? _____
- If no field trips provided currently, do you anticipate having them in the future? Yes No If yes, please explain-

24. Is food properly covered, stored and served in accordance with applicable government requirements? Yes No
25. Are special classes provided? i.e. (Gymnastics, Dance, etc.) Yes No If yes, please explain _____

 Are special classes taught by an independent contractor on your premises? Yes No
 Do you require proof of liability coverage such as a certificate of insurance? Yes No
26. Does insured provide regular transportation for children? Yes No Maximum distance: _____
 Are buses and or vans checked after children disembark from vehicle? Yes No
 Are drivers put through specialized drivers training? Yes No
 Are they experienced in driving van/buses? Yes No
 If employees, how long have they been employed by the insured? _____
27. Does the insured check driver Motor Vehicle Reports? Yes No
 Does insured have procedures for evaluating Motor Vehicle Reports? Yes No
 What actions are taken if an employee's driving record is considered unacceptable? _____

28. Do you have any employees or volunteers driving their own vehicles for company business? Yes No
 If so, please answer the following:
 How many employees or volunteers? _____
 How often do they drive their own vehicles for company business? _____
 Does the insured require the employee to carry primary insurance? Yes No
 Are certificates of insurance obtained from the employee's automobile insurance company? Yes No

What are the minimum limits required? _____

29. Driver screening and or vehicle maintenance plan for passenger vehicles in effect? Yes No (Please attach.)
30. Does the insured have a written emergency evacuation plan in effect? Yes No
How often are evacuation drills preformed? _____
31. Does the Center accept drop-in children for the day? Yes No If yes, explain drop-in policy and indicate approximate number of drop-in children accepted weekly in the space provided below. _____

32. Operations other than child care? Yes No If Yes, explain below. _____

33. Does your application include questions about whether the individual has even been convicted for any crime, including sex related or child abuse related offenses? Yes No
34. Does your state permit you to do criminal background investigations? Yes No
If yes, do you routinely request and receive such background investigations? Yes No
35. Do you verify employment-related references? Yes No Do you conduct a personal interview? Yes No
36. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises?
 Yes No
37. Do you have written procedures for dealing with sexual abuse? Yes No If yes, please attach a copy.
38. Has your organization ever had an incident, which resulted in an allegation of sexual abuse? Yes No
If yes , please complete the following:
Was a claim made against the organization? Yes No
Is that individual still employed with your organization? Yes No
Was the case settled? Yes No If Yes, please explain: _____
How much money was paid as damages to the victim? \$ _____
39. Does your current Insurance program include Abuse & Molestation coverage? Yes No If yes, please indicate the limit of liability provided: _____
40. Do you have an accident/health policy? Yes No Is coverage mandatory for all students? Yes No
Provide carrier _____ Limits _____
Policy Term _____ to _____
41. Does your Center utilize video-monitoring equipment? Yes No
42. Please provide Four Year Hard Copy Company Loss Runs.
43. Do you have a current Flood policy in force? Yes No
If Yes, attach a copy of the Declarations sheet.
If No, would you like a Flood quote with our Proposal? Yes No
(Flood quote will be secured through the Write Your Own Flood Program)

Thank you for thinking of Philadelphia Insurance Company for your clients insurance needs.

This application and the loss information shown in the above questions are understood to be an inducement to the issuance of a policy of insurance by company and applicant warrants that all answers to questions are true and correct.

Signature of Agent: _____

Date: _____

Signature of Insured: _____

Date: _____

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email