



COLONY SPECIALTY INSURANCE
DAY CARE
SUPPLEMENTAL APPLICATION

_____ General Agent Name

Insured Name: _____ Date: _____

GENERAL INFORMATION

Licensed by: _____ Expiration Date: _____
 License Number: _____ Licensed for (# of children): _____
 Number of Children: _____ Hours open for business: _____
 Number of days per week: _____ How long in business: _____

PROHIBITED LIST

- Drop in day care
- Adult day care
- Day care for sick, disabled or handicapped children
- Facilities for mentally impaired
- Swimming pools on premises
- Gymnastic lessons
- Exercise Equipment
- Trampolines
- Nurse or other licensed health practitioner employed
- Animals on premises

ADDITIONAL INFORMATION

____ Are the premises fenced?
 ____ Smoke detectors? Hard Wired () or Battery Operated ()
 ____ Are Fire extinguishers currently tagged?
 ____ Are exits marked and lighted?
 ____ Do doors have panic hardware installed?
 ____ Night Time or Overnight Stay
 ____ Is medicine/first aid equipment safely stored out of reach of the children?
 ____ Nanny services
 Is this an in-home day care? ____ If so, is homeowners/renters liability insurance in place? ____

STAFFING

<u>Age of Children</u>	<u>Number of Children</u>	<u>Number of Attendants</u>
Birth to 16 months	_____	_____
16 months to 2 years	_____	_____
2 years to 4 years	_____	_____
4 years to school children	_____	_____
School children	_____	_____

Do all attendants undergo criminal background checks? Yes ____ No ____
 Do all personnel submit to routine drug screening? Yes ____ No ____
 Are all employees certified in CPR and trained in first aid? Yes ____ No ____
 Are health records maintained for each child enrolled including information on immunizations and special health and dietary problems? Yes ____ No ____

FIELD TRIPS

- _____ Anticipated number of monthly field trips
- _____ Are permission slips signed?
- _____ Any trips to public beaches, lakes or pools? (submit)
- _____ Any trips to zoos or other amusement facilities? (submit)

Describe anticipated field trip destinations:

- 1.
- 2.
- 3.
- 4.
- 5.

Playground equipment? DESCRIBE _____

Describe type of surface around playground and equipment: _____

LOSSES: Describe all losses which have occurred in the last three years. _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____