

WELLINGTON SPECIALTY INSURANCE COMPANY

DAYCARE SUPPLEMENTAL APPLICATION



Wellington
Specialty
Insurance Company

Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

Daycare Facility is located in: Commercial Building Church Home Other
If other, explain: _____

Is applicant properly licensed where required by law? Yes No
License Number: _____ Maximum number of children allowed under license: _____
Average daily attendance: _____ Hours of operation: _____
If 24 hr or overnight facility, explain: _____

Has license ever been revoked? Yes No
If yes, explain: _____

MINIMUM RATIO OF ATTENDANTS TO CHILDREN MUST MEET STATE LICENSE REQUIREMENTS

<u>Age of Children</u>	<u>Number of Children</u>	<u>Number of Attendants</u>
0 – 12 mos	_____	_____
12 mos – 2 yrs	_____	_____
2 yrs – 4 yrs	_____	_____
4 yrs – 6 yrs	_____	_____
6 yrs and Up	_____	_____

Any of the following?			
Accident & Health policy in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unanchored Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfenced Playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wading pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedures for child pickup identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trampoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal checks on all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animals on premises? Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug testing on all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estimated Annual: Payroll \$ _____ Receipts \$ _____ SubCosts \$ _____

NOTE: Sexual/Physical Abuse Sublimit will be included (up to \$500K commercial facilities / \$25/50K max. in home facility)

- Does facility accept drop-ins? Yes No
If yes, explain: _____
- Any physically and/or mentally impaired children? Yes No
If yes, explain: _____
- Any off-premises field trips? Yes No
If yes, explain #, type & mode of transportation: _____
- Do employees receive instruction/training in emergency health procedures? Yes No
- Do employees administer medication to children? Yes No
If yes, explain: _____

6. Does applicant serve meals or snacks? Yes No

If yes, explain: _____

7. Are any special classes taught, e.g. gymnastics, dance, swimming, etc.? Yes No

If yes, explain: _____

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

DATE