



**CHILDCARE, HEADSTART OR LATCHKEY FACILITIES
SUPPLEMENTAL APPLICATION**

Named Insured _____

Name of the Facility or organization _____

Location Address: _____

Hours of Operation: _____ No. of Staff members: _____ No. of children enrolled _____

1. Are all of your childcare locations licensed by your state's regulatory agency? Yes No
If No, provide details. _____
2. Does the ratio of staff to children meet state requirements? Yes No
3. Are the director and staff members certified and trained? Yes No
4. Are criminal background checks conducted on all staff, including employees & volunteers? Yes No
5. Are children taken off site for any activities? Yes No
6. What was the date of the last inspection by licensing agency? _____
Were any violations or deficiencies noted? Yes No
If yes, attach a copy of the inspection report.
7. Are there written procedures in place including rules, codes of conduct and disciplinary measures for sexual abuse prevention? Yes No
8. Is training provided for staff and volunteers on policies and procedures on child abuse prevention? Yes No
9. If your facility was built prior to 1980, have all premises been inspected and certified lead free? Yes No
10. Do you have an outdoor play area? Yes No
If yes,
 - a) Does the value of your outdoor equipment, including surfacing, exceed \$25,000? Yes No
If yes, attach a schedule of locations with equipment values at each.
 - b) Was all equipment manufactured by a commercial manufacturer? Yes No
 - c) Was all equipment installed by an insured contractor? Yes No
11. Does your organization provide accident insurance for children? Yes No
If yes,
 - a) Insurance Company: _____ Policy Number: _____
Policy Period: _____ Limits: _____
 - b) Accident Insurance applies: to all children optional, at child's expense
12. Is transportation provided for children? Yes No
13. Does your organization own or lease vehicles? Yes No
14. Have any allegations or incidents been reported or are know to have occurred? Yes No
If yes, please provide complete details. _____

15. Have any staff members been transferred or discharged due to allegations or incidents of child abuse? Yes No
If yes, please provide complete details. _____

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact.

THE APPLICANT ACCEPTS NOTICE THAT HE/SHE IS REQUIRED TO PROVIDE WRITTEN NOTIFICATIONS TO THE COMPANY OF ANY CHANGES IN THE RESPONSES GIVEN TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Date Signed

Signature of Applicant

Name and Title