



Day Care Supplemental

Named Insured: _____ Location Address: _____ City, State, Zip: _____ County: _____		Producers Name & Address	
Telephone #: _____ Number years in business? _____ Number years at this location? _____ Is applicant an In-Home Day Care Provider? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Homeowners declaration) State license number: _____ Max. # of children permitted by license: _____ On site at any given time: _____ Hours of Operation: _____ # of days open per week: _____			
Complete the child/staff ratios below including your own children for whom you are providing care:			
# children up to 1 year old _____	# of staff _____	# children 6 - 12 years old _____	# of staff _____
# children 2 - 3 years old _____	# of staff _____	# children over 13 years old _____	# of staff _____
# children 4 - 5 years old _____	# of staff _____		
Are the student/staff ratios within state requirements? # full time staff _____ # licensed _____ # part time staff _____ # licensed _____		<input type="checkbox"/> YES	<input type="checkbox"/> NO
# of wading pools: _____ # of swimming pools: _____ If there is a swimming pool, do all of the following apply? No diving board, no sliding board, 4-ft or higher fence with self-locking gate, and a Red Cross or similarly qualified lifeguard is required at all times during swimming activities.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any handicapped or special needs children cared for? If yes, age of each: _____ Describe affliction/needs: _____ List medications taken: _____ Medications given by center: _____ Describe procedures, if any, to ensure the safety of all children: _____ Describe training of experience: _____		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the applicant have a cat or dog? If applicant has a dog(s), list dog breed: _____		<input type="checkbox"/> Cat	<input type="checkbox"/> Dog
<input type="checkbox"/> NO			
Are there any animals or pets other than dogs or cats?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does this facility offer 24 hr operation or overnight care?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Over 25 field trips per year?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any trampolines or gymnastic equipment?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any employed or contracted physicians or nurses?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Applicant is required to be licensed and is not?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there two or more means of egress from the building?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has there been a suspension or revocation of certificate or license?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are meals served? If yes: Percentage pre-packaged: _____% Percentage cooked: _____%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
What type of cooking equipment? Type of fire protection for cooking equipment? If Ansul system, how often serviced?			
Do children have access to cooking area?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
# of rooms in facility: _____ # exits on each floor: _____ # and location of smoke detectors: _____			

Send submissions to submissions@vintageunderwriters.com

www.vintageunderwriters.com

7950 Westglen, Houston, Texas 77063



Day Care Supplemental – cont'd

Does the facility allow children to be dropped off that are not enrolled in the program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are field trips taken? If yes, please indicate number: <input type="checkbox"/> 1 – 12 per year <input type="checkbox"/> 13 -25 per year <input type="checkbox"/> 26 or more per year If yes, are parent/guardian signatures required for off-premises trips & kept on file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there playgrounds/play areas? Fully Fenced? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe the landing/surface material: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PROVIDE A COPY OF PICK-UP PROCEDURES, INCLUDING VERIFICATION OF APPROVED PERSON PICKING UP CHILD

Date of last Department of Family Protective Services inspection: _____ Any Violations? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:		
Is an Accident and Health policy in place for the children in force? If yes, please advise limits: <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
List any additional insured and their interest:		
List all extra-curricular activities: <input type="checkbox"/> Gymnastics <input type="checkbox"/> Dance <input type="checkbox"/> Karate <input type="checkbox"/> Swimming <input type="checkbox"/> Team Sports <input type="checkbox"/> Other _____		

MOLESTATION AND ABUSE APPLICATION (OPTIONAL)

Limits requested (Each Claim/Aggregate)

Please note: 100/100 max limit available for residential day care

- 25/50 50/50 100/100 300/300 300/600 500/500 500/1000 1000/1000

Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime? If yes, provide complete details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your family had any incidents or claims brought against it for sexual molestation or any other allegations of misconduct? If yes, provide complete details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please describe your hiring procedures (attach copy):		
Does your facility perform background checks on all employees and volunteers? If yes, please describe types of checks performed and timeline for completion:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COPY OF STATE LICENSE REQUIRED TO BIND COVERAGE

IMPORTANT NOTICE: COVERAGE WILL BE FOR PREMISES LISTED ONLY

FRAUD STATEMENT: Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty.

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE

Signature of Applicant X _____ Date: _____ (Owner, Officer or Partner)

Signature of Agent X _____ Date: _____ (Licensed Agent)