

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

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www.scottsdaleins.com

Day Nurseries And Preschools Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. Location of premises: _____

2. Description of Operations: ☐ In-Home Day Care ☐ Day Care Center ☐ Before/After School Program
☐ Sick-Child Day Care ☐ Part of an Organization (describe): _____
☐ Drop-off Center ☐ Foster Care

Is overnight care provided? ☐ Yes ☐ No

3. Is applicant licensed? ☐ Yes ☐ No

License number: _____

Maximum number of children permitted by license: _____

4. Maximum number of children on premises at any one time: _____

5. Average daily attendance: _____

6. Indicate the number of children within each age group and the corresponding number of attendants as-signed:

Age Group	Number of Children	Number of Attendants
1 to 6 months		
6 to 12 months		
1 to 3 years		
over 3 years to 8 years		
over 8 years		

7. Total number of employees: _____

8. Are criminal background checks completed on employees? ☐ Yes ☐ No

9. Any previous or pending allegations of sexual or physical abuse? ☐ Yes ☐ No

10. Please describe the building (age, construction, exits, etc.): _____

11. Please describe the play equipment and facilities:

Trampoline? ☐ Yes ☐ No
Any inflatables, such as moon bounces or slides, rented or owned? ☐ Yes ☐ No
Play area fully fenced? ☐ Yes ☐ No
☐ Above-ground ☐ In-ground Swimming pool? ☐ Yes ☐ No
Number of pools: _____
Swimming pool slides or diving boards? ☐ Yes ☐ No
Wading pool (less than 24 inches deep)? ☐ Yes ☐ No
Life safety equipment at poolside? ☐ Yes ☐ No
Pool area fenced with self-latching gate? ☐ Yes ☐ No
Are the rules posted? ☐ Yes ☐ No
Is one of the attendants a certified lifeguard or CPR certified? ☐ Yes ☐ No
Any natural bodies of water (lakes, rivers, streams, etc.) on property? ☐ Yes ☐ No
Ratio of attendants to children while swimming? _____ to _____
Are there any animals on the premises? ☐ Yes ☐ No
Describe: _____
Are dogs kept away from children? ☐ Yes ☐ No
Other (describe): _____

12. Describe how injuries and illnesses are handled: _____

13. Any special classes taught? ☐ Yes ☐ No
If yes, please describe: _____

14. Is applicant transporting children to and from home and/or school? ☐ Yes ☐ No
If yes, who is the auto liability insurance carrier? _____

15. Please describe the nature of any field trips (number of trips, who transports, etc.): _____

Does applicant require the drivers to have auto liability insurance? ☐ Yes ☐ No

16. Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used.

Any medication dispensed? ☐ Yes ☐ No
If yes, please describe: _____

17. Does applicant have an accident and health policy covering students? ☐ Yes ☐ No
Carrier _____ Policy Number _____ Policy Term _____

18. Are children released only to custodial parent or guardian? ☐ Yes ☐ No
If no, describe authorization procedure: _____

19. Does applicant have any other business ventures for which coverage is not being requested? ☐ Yes ☐ No
If yes, explain and advise where insured: _____

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____