

**APPLICANT INFORMATION**

Named Insured

Location # \_\_\_\_\_

Street

City

State

Zip

**LOCATION INFORMATION**

**LICENSING:**

• Is this Center licensed?  Yes  No The license expires on \_\_\_\_/\_\_\_\_/\_\_\_\_. The Center is licensed for a capacity of \_\_\_\_\_ Children.

**CURRENT ENROLLMENT:**

- The total enrollment of the Center is \_\_\_\_\_ children. There are \_\_\_\_\_ full-time students and \_\_\_\_\_ part-time students.
- The number of enrolled children with an emotional, mental or physical handicap or disability is \_\_\_\_\_. These handicaps include the following: \_\_\_\_\_
- The number of enrolled children that require a special diet is \_\_\_\_\_. These diets include the following: \_\_\_\_\_
- Staffing: **Please complete the number of actual staff and children by Age Group below**

Age Group	Number of Staff	Number of Children
0 to 12 mos.		
1 year olds		
2 year olds		
3 year olds		
4 year olds		
5 year olds		
6 years and up		
	Total:	Total:

**MANAGEMENT EXPERIENCE and PROCEDURES**

Describe each Owner / Operator of the Center:

Name	Duties	Degree(s)	Child Care Experience
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)

- Do you have an Accident & Health policy?  Yes  No • If yes, what limits are provided? \_\_\_\_\_
- Is the coverage  Primary or  Excess
- Do you have a written emergency evacuation plan?  Yes  No
- Do you have a written parent brochure that is distributed to the parents?  Yes  No

**OPERATIONS**

**OFF-PREMISES EXPOSURE:**

Are field trips taken?  No **If NO**, do you anticipate taking field trips in the future?  No  Yes  Yes

- Please describe the **types of trips**, their **frequency** and the **maximum distance traveled** below:  
Types: \_\_\_\_\_  
Frequency:  trips per year  
Max Distance Traveled:  miles

**PLAYGROUND:**

Does the facility have a playground?  No  Yes

**If YES,**

- Is the playground fenced-in?  No  Yes
- Is the playground equipment organized so that it is age-appropriate?  No  Yes
- Do you have a trampoline on the premises?  No  Yes
- What is the maximum height of the playground equipment? ?

**SWIMMING:**

Does the Center utilize Swimming facilities?

**No** If **NO**, do you anticipate using swimming facilities in the future?  No  Yes

**IF Yes**

- Minimum age of children allowed in water \_\_\_\_\_ • Diving boards?  No  Yes If **YES**, Height(s) \_\_\_\_\_ feet.
- Pool depths marked?  No  Yes • Is the pool fenced-in?  No  Yes
- Is there self-locking gate(s)  No  Yes • Are supervisory staff trained in water safety?  No  Yes
- Which of the following describes the swimming facilities utilized (check all that apply)

**Private Pool** -  Above ground  Below ground  Plastic  Cement Maximum depth of water  feet

**Public Pool** -  Above ground  Below ground  Plastic  Cement Maximum depth of water  feet

**Lake or Ocean** – How many trips per season?

**Water Parks** – How many trips per season?

• Ratio of Staff supervision to children in pool during water play?

Number of Children **Under** 6 years of age \_\_\_\_\_ Number of Staff \_\_\_\_\_

Number of Children **Over** 6 years of age \_\_\_\_\_ Number of Staff \_\_\_\_\_