

Named Insured _____

DAY CARE/SCHOOL SUPPLEMENT

1	This facility is a <input type="checkbox"/> Day Care <input type="checkbox"/> Preschool <input type="checkbox"/> School
2	Is the facility licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	How long has it been in operation? _____ Years
4	Hours of operations? _____ A.M. to _____ P.M.
5	Is lunch served? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe (Hot, cold meals, sandwiches, soups, etc.) _____ _____
6	Maximum number of children at any one time? _____
7	Ages of children? _____
8	Square foot area used by day care or preschool? _____
9	Grades? _____ to _____
10	How many full time supervisors/teachers? _____
11	How many part time supervisors/teachers? _____
12	How many supervisors under the age of 18 years? _____
13	Are supervisors/teachers trained in child development? <input type="checkbox"/> Yes <input type="checkbox"/> No
14	Do hiring practices include careful checking of references? <input type="checkbox"/> Yes <input type="checkbox"/> No
15	Are children under supervision at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No Even during nap time? <input type="checkbox"/> Yes <input type="checkbox"/> No
16	Is there a swimming pool on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
17	Is playground fenced with self-closing gates? <input type="checkbox"/> Yes <input type="checkbox"/> No
18	Playground equipment consists of: 1. Slide <input type="checkbox"/> Yes <input type="checkbox"/> No Height? _____ 4. Merry-go-round <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Swings <input type="checkbox"/> Yes <input type="checkbox"/> No Number? _____ 5. Teeter-totter <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Climbing bars <input type="checkbox"/> Yes <input type="checkbox"/> No Height? _____ 6. Sand box <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Other _____
19	Type of protective ground cover (e.g., Sand, pea gravel, etc.) _____ Depth of ground cover _____
20	Is playground equipment regularly inspected and property maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No
21	Are poisonous and toxic materials stored in locked cabinets? <input type="checkbox"/> Yes <input type="checkbox"/> No
22	Are evacuation procedures posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
23	Is staff trained in emergency procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
24	Has staff been trained in <input type="checkbox"/> CPR <input type="checkbox"/> First Aid
25	Does facility provide medical coverage for participants? <input type="checkbox"/> Yes <input type="checkbox"/> No
26	Is there a written procedure for discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy
27	List all losses: <u>Date</u> <u>Amount</u> _____ _____ _____ _____

Insured _____ Agent _____