



Dallas
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hullandco-texas.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 assigned:**

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 selflatching 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: _____