



**Dallas**  
 P: (972) 789-1962  
 F: (972) 789-1967

**Houston**  
 P: (281) 759-4855  
 F: (281) 759-7245

**hullandco-texas.com**

**DAY CARE PDQ  
 SUPPLEMENTAL APPLICATION**

\_\_\_\_\_  
 General Agent Name  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Date: \_\_\_\_\_  
 Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**GENERAL INFORMATION**

Licensed by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 License Number: \_\_\_\_\_ Licensed for (# of children): \_\_\_\_\_  
 Number of Children: \_\_\_\_\_ Hours open for business: \_\_\_\_\_  
 Number of days per week: \_\_\_\_\_ How long in business: \_\_\_\_\_  
 Are there animals on the premises? Yes \_\_\_ No \_\_\_

<u>Age of Children</u>	<u>Number of Children</u>	<u>Number of Attendants</u>
Birth to 16 months	_____	_____
16 months to 2 years	_____	_____
2 years to 4 years	_____	_____
4 years to school children	_____	_____
School children	_____	_____

**PERSONNEL REQUIREMENTS**

- Do all personnel undergo criminal background checks? Yes \_\_\_ No \_\_\_
- Do all personnel submit to routine drug screening? Yes \_\_\_ No \_\_\_
- Describe personnel training requirements: \_\_\_\_\_

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- Do all employees receive instruction/training in emergency health & safety procedures? Yes \_\_\_ No \_\_\_
- Are the personnel equipped to provide emergency first aid? Yes \_\_\_ No \_\_\_
- Is a nurse or other licensed health practitioner employed? Yes \_\_\_ No \_\_\_
- Are health records maintained for each child enrolled including information or immunizations and special health and dietary problems? Yes \_\_\_ No \_\_\_

**RECREATIONAL FACILITIES**

- Is the yard fully fenced? Yes \_\_\_ No \_\_\_
- Is a swimming pool or wading pool on premises? Yes \_\_\_ No \_\_\_
- Are any special classes taught, e.g. gymnastics, dance, swimming, etc.? Yes \_\_\_ No \_\_\_  
 If yes, describe. \_\_\_\_\_
- Any off-premises field trips? Yes \_\_\_ No \_\_\_  
 If yes, how many? \_\_\_\_\_ How often? \_\_\_\_\_ How transported? \_\_\_\_\_  
 Are permission slips obtained? Yes \_\_\_ No \_\_\_  
 Describe trip destinations. \_\_\_\_\_
- Describe play equipment and facilities. (Include any unusual or special equipment used such as exercise equipment, trampoline, pools, etc.) \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer: \_\_\_\_\_ Date: \_\_\_\_\_