



**SUPPLEMENTAL DAY CARE APPLICATION**  
(Attach to Commercial General Liability Application)

APPLICANT NAME \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Is applicant an in-Home Daycare Provider?  No  Yes (Attach Homeowner Declarations)

State License Number \_\_\_\_\_ Years at this location \_\_\_\_\_

Maximum number of children permitted by License. On Site at any given time \_\_\_\_\_

Indicate number of children in each age group and number of attendants for each group

AGE	# OF CHILDREN	# OF ATTENDANTS
Under 2 Years		
2 Years and Up		

Number of Full Time Staff \_\_\_\_\_ Number Licensed \_\_\_\_\_

Number of Part Time Staff \_\_\_\_\_ Number Licensed \_\_\_\_\_

List Qualifications below: (If additional staff, attach qualifications to application)

Name	Years of Experience	Degree

Is any specialized care given (Handicap, Deaf, etc.)  Yes  No

What are the days and hours of operation \_\_\_\_\_

Are meals served?  Yes  No If yes, \_\_\_\_\_ % Prepackaged \_\_\_\_\_ % Cooked

What type of cooking equipment \_\_\_\_\_

Type of fire protection for cooking equipment \_\_\_\_\_

If Ansul system, how often serviced \_\_\_\_\_

Do children have access to cooking area  Yes  No

Number of floors in Building \_\_\_\_\_ On which floor is facility \_\_\_\_\_

Number of rooms in facility \_\_\_\_\_ Number of Exits on each floor \_\_\_\_\_

Number and location of smoke detectors \_\_\_\_\_

Play area fenced  Yes  No Type of playground equipment \_\_\_\_\_

Type of surface under playground equipment \_\_\_\_\_

How often and by whom is playground equipment checked \_\_\_\_\_

Are there any trampolines or swimming/wading pools  Yes  No

How often does the insured schedule trips off premises? \_\_\_\_\_

How often, to where and furthest distance? \_\_\_\_\_