

Child Care Questionnaire

(To be Attached to Acord Application)

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Licensing Agency: _____

Number of years licensed: _____ Number of children on license: _____
(please attach copy of license)

2. Owner's related experience and education: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 3. Is there a pre-employment background check, including personal reference, police record, education, physical/emotional? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any records of claims, criminal/civil actions against owner/operator/employees for alleged child abuse or neglect?
If Yes, Explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child to staff ratio meet your licensing requirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are children released only to authorized persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any special needs required and/or provided?
If Yes, Explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hours of operation: Monday–Friday _____ Weekends _____ | | |
| 9. Any overnight care?
If Yes, number of overnight children: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you utilize swimming facilities off the premises?
If Yes, a. Liability disclaimer required, forward copy
b. Does the swimming facility provide lifeguard service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have swimming facilities, including wading pool on the premises?
If Yes, complete Day Care Swimming Questionnaire
(Optional water activities coverage is available upon request)
Wading pool is defined as pool of a non-permanent structure, 2 feet or less in depth and 15 feet or less diameter, with no slides (note swimming pool questionnaire not required on wading pools) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are there any pets on the premises?
If Yes, a. What type and how are they separated from children?

_____ | <input type="checkbox"/> | <input type="checkbox"/> |

b. Optional Dog Liability coverage is available for in **Home Family Day Cares Only**.
Dog must be kept separated from children.

Child Care Questionnaire

- | | Yes | No |
|--|--------------------------|--------------------------|
| 13. Are any special classes taught in dance, tumbling, gymnastics or martial arts?
If Yes, Explain: _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are medical care releases obtained at enrollment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the dispensing of medication only by written instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the insured have emergency transportation available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Describe how illness and injuries are handled: _____

_____ | | |
| 18. Is the outside play area fenced? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is there a working fire extinguisher and/or smoke detector?
Date last serviced: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is there a student group accident policy in effect?
If Yes, proof of insurance is required. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is operation located in your home?
If Yes, who is your homeowners insurance company? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

The following coverages are available. Please list the desired coverage under the classification section of the application.

- Limited Abuse or Molestation (included in Illinois, Kansas and Nebraska)
- Professional Liability Errors and Omissions (removes Corporal Punishment Exclusion)
- Water Activities
- Limited Dog Coverage (Family Centers Only)
- Employee Benefit
- Hired and Non-Owned Auto (not available if Commercial Auto Policy is in effect)

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are complete and true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. It is understood and agreed that the completion of this questionnaire does not bind the insurance company.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____