



Child Day Care

Nationwide -

We handle the tough stuff.

Penn-Star Supplemental Application
Coverage Section GL Property

Applicant: _____

Mailing Address, city, state, zip: _____

Location Address, city, state, zip: _____

Phone number: _____ State license no. _____ Yrs at this location: _____

Is applicant an In-Home Day Care Provider? No Yes, attach Homeowners declarations

Proposed effective date: _____ Years in business: _____

Form of business: Individual Partnership Corporation Other: _____

Business is located in: Commercial building Private residence

Submit details of any loss in the last 5 years:

Table with 4 columns: Carrier, Date of Loss, Description, Incurred

Hours of operation: _____ Number of days open per week: _____

License capacity: _____

Commercial General Liability

- 1. Limits of Liability requested: 100/200 100/300 300/300 300/600 500/500 500/1 Mil 1 Mil/1 Mil 1 Mil/2 Mil

- 2. Complete the child/staff ratios below, including your own children you are providing care. children up to 1 year old: ___ / ___ children 6-12 years old: ___ / ___ children 2-3 years old: ___ / ___ children over 13 yrs old: ___ / ___ children 4-5 years old: ___ / ___

- 3. Are the student/staff ratios within state requirements? Yes No

full-time staff: _____ # licensed: _____ # part-time staff: _____ # licensed: _____

- 4. Number of wading pools: _____ Number of swimming pools: _____ If swimming pool(s), do the following apply: no diving board, no sliding board, 4-ft or higher fence with self-locking gate, Red Cross or similarly qualified life guard required for all swimming activities. Yes No

- 5. Any handicapped, retarded or special needs children cared for? Yes No

If yes, give age of each: _____ Describe needs: _____

List medication taken: _____

List medication administered by center: _____

Describe procedures to ensure safety of children: _____

Describe training/experience: _____



Child Day Care Supplemental for Applicant: _____

Molestation & Abuse Insurance (optional)

Limits requested (Each Claim/Aggregate) **Note: 100/100 max limit available for residential day care.**

25/50	100/100	300/600	500/500	1000/1000
50/50	300/300	500/500	500/1000	

1. Have you or any employee, volunteer or other person working for you, ever been arrested or convicted of a crime? Yes No
If yes, please provide complete details: _____

2. Has your family had any incidents or claims brought against it for sexual molestation, or any other allegation of misconduct? Yes No
If yes, please provide complete details: _____

3. Has any facility with which you have been associated in the past ever had any incidents occur or claims brought against it while you were there? Yes No
If yes, please provide complete details: _____

4. Please describe your hiring procedures (attach copy).
5. Does your facility perform background checks on all employees and volunteers? Yes No
If yes, describe type of checks performed: _____

Applicant: _____ Producer: _____
Signature: _____ Address: _____
Date: _____

Notice of Insurance Information Practices:
Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Coverage is not bound until approved by the Insurer.