

CATLIN SPECIALTY INSURANCE COMPANY



DAYCARE SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

Daycare Facility is located in: Commercial Building Church Home Other

If other, explain: _____

Is applicant properly licensed where required by law? Yes No

License Number: _____ Maximum number of children allowed under license: _____

Average daily attendance: _____ Hours of operation: _____

If 24 hr or overnight facility, explain: _____

Has license ever been revoked? Yes No

If yes, explain: _____

MINIMUM RATIO OF ATTENDANTS TO CHILDREN MUST MEET STATE LICENSE REQUIREMENTS

Age of Children	Number of Children	Number of Attendants
0 – 12 months		
12 months – 2 years		
2 years – 4 years		
4 years – 6 years		
6 years and Up		

Any of the following?

Accident & Health policy in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unanchored Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfenced Playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wading pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedures for child pickup identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trampoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal checks on all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animals on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug testing on all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe: _____			

Estimated Annual: Payroll \$ _____ Receipts \$ _____ Sub Costs \$ _____

**NOTE: Sexual/Physical Abuse Sublimit will be included
 (up to \$500K commercial facilities / \$25/50K max. in home facility)**

1. Does facility accept drop-ins? Yes No

If yes, explain: _____

2. Any physically and/or mentally impaired children? Yes No
 If yes, explain: _____
3. Any off-premises field trips? Yes No
 If yes, explain #, type & mode of transportation: _____
4. Do employees receive instruction/training in emergency health procedures? Yes No
5. Do employees administer medication to children? Yes No
 If yes, explain: _____
6. Does applicant serve meals or snacks? Yes No
 If yes, explain: _____
7. Are any special classes taught, e.g. gymnastics, dance, swimming, etc.? Yes No
 If yes, explain: _____

 APPLICANT'S SIGNATURE

 PRODUCER'S SIGNATURE

 DATE