

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION – DAY CARE - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:		Date:
Insured:		
Insured Mailing Address:		
Insured's Web Address:		
Insured Contact Name:		Phone Number:

PROHIBITED (check all that apply to your operations)

- Adult day care
- Animals on premises
- Developmentally disabled or handicapped day care
- Drop-In day care
- Exercise equipment
- Gymnastics lessons
- Medical related day care
- Nurse or other licensed health practitioner in applicant's employment
- Swimming pools on premises
- Trampolines

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LICENSING

- Licenses and certifications, as required by state and/or locality are all in place
License Number: _____

LOSS HISTORY

- Three years of loss history information provided on ACORD application or attached to this application

DAY CARE - SUPPLEMENTAL APPLICATION

OPERATIONS / EXPOSURES / CONTROLS

- Commercial day care operation
- In-home day care operation
 - Homeowners Insurance in force
- Nanny

OPERATIONS / EXPOSURES / CONTROLS

Age Groups:

Age Group	# of persons in this Age Group	# of Attendants for this Age Group
Birth to 6 months		
16 months to 2 years		
2 and 3 year olds		
4 year and 5 year olds		
6 years and older		

Field Trips:

- _____ Number of field trips per month on average
- Permission slips (signed) are required in order to go on field trip
 - Trips may include visits to a beach, lake or swimming pool
 - Trips may include visits to amusement facilities
 - Trips may include visits to zoos
 - Trips to destinations not listed above include (describe below):

Medical:

- Health records are obtained for each child that is enrolled including immunization records and dietary issues
- Immunization records obtained for each child enrolled
- Medicines and first aid equipment are stored out of reach of children

Overnight:

- Overnight or Over-stay services offered

Premises:

- Carbon monoxide detectors in place
- Doors are equipped with panic bars
- Exits clearly marked, lighted and free of obstructions
- Fire extinguishes on premises and have current inspection tags
- Medicines and first aid equipment are stored out of reach of children
- Playground equipment (describe): _____
- Play area(s) if outdoors are fully fenced with self-locking gates
- Play area(s) if outdoors have an artificial soft-surface material installed
- Smoke detectors in place
 - Battery
 - Hardwired

SUBCONTRACTORS / INDEPENDENT CONTRACTORS

- Uninsured subcontractors are not acceptable
- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor’s policy
 - Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

EMPLOYEES

- Criminal background checks performed on all employees
 - At time of hire only
 - Annually
- CPR trained staff member (at least one) is always on duty during hours of operation
- Drug testing of all employees

DAY CARE - SUPPLEMENTAL APPLICATION

RATING BASIS

All Operations	\$
Number of Children	
Number of Days per Week	

PLANNED EXPANSION OR NEW ACTIVITIES IN COMING POLICY TERM

New activities or expansion is anticipated (describe):

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COVERAGE OPTIONS - LIABILITY (check if you would like an optional quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like an optional quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
Property Coverage Enhancement: Bronze – U777C, Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE