

Child Care Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured:

Website:

BUSINESS INFORMATION

1. Are you licensed? License Number: Yes No
 a. If unlicensed, are you: Certified Registered Unregulated
2. Day care type: Family Child Care Group Child Care
 Preschool/4K/Head Start School Age
 a. Family child care risks only: do you have Homeowners property and liability insurance? Yes No
 to
3. What are the hours of operation?

4. Please complete the fields below:

License Capacity:

Average Daily Attendance:

Number of Children

Number of Staff

Age Group	Full Day	AM Only	PM Only	Staff
Newborn – 12 months				
1 – 2 years				
2 – 3 years				
4 – 5 years				
6 – 12 years				

5. How many years has the business or owner been licensed for child day care?
 If less than 3 years, please describe previous child care experience including number of years:

6. Have you had any license suspensions, revocations, or any other enforcement actions taken? Yes No
 Provide details and describe corrective steps taken:

7. List any accreditations:

EMPLOYEES AND VOLUNTEERS

1. Do you conduct screening procedures of all employees and volunteers that include a comprehensive criminal background check? Yes No
2. Have any owners, partners, officers, directors or employees been subject to disciplinary action by a regulatory authority? Provide details and describe corrective steps taken: Yes No
3. Do you have any volunteers? Describe their roles: Yes No

GENERAL INFORMATION

- | | | |
|--|-----|----|
| 1. Do you allow corporal punishment? | Yes | No |
| 2. Do you provide drop-in care? | Yes | No |
| 3. Is the day care operating out of a mobile home or manufactured classroom? | Yes | No |
| 4. Are guns kept on the premises? | Yes | No |
| 5. Do you use bottle warmers, crockpots, or similar devices to heat bottles? | Yes | No |
| 6. Do you use stackable cribs? | Yes | No |
| 7. Do you provide overnight care? | Yes | No |
| Describe policies specific to overnight care (number of staff, doors locked, etc.): | | |
| | | |
| 8. Do you care for children over the age of 13? | Yes | No |
| 9. Do you accept children with chronic illnesses that require skilled care or children that require significant assistance with the activities of daily living? | Yes | No |
| Describe care needs and qualifications of staff to provide for those needs: | | |
| | | |
| 10. Do you require a physical examination or medical certificate before a child is accepted? | Yes | No |
| 11. Describe procedures for administering medication: | | |
| | | |
| 12. Do you have any trampolines or bounce houses on the premises? | Yes | No |
| 13. Are outdoor play areas fenced? | Yes | No |
| 14. What play equipment is on the premises? (check all that apply) | | |
| Swings Jungle Gym Slide Sandbox | | |
| Other: | | |
| a. Is all play equipment securely anchored? | Yes | No |
| b. Height of playset platforms or climbing structures: | | |
| c. Is there impact absorbing material under and around the play equipment? | Yes | No |
| d. Is supervision provided at all times? | Yes | No |
| 15. Do you have a pool on the premises? | Yes | No |
| <div style="display: flex; justify-content: space-between; width: 80%;"> Swimming Wading Size: ft. x ft. </div> <div style="display: flex; justify-content: space-between; width: 80%;"> In Ground Above Ground Depth: ft. </div> | | |
| a. Is the swimming pool surrounded by a fence or barrier as least 4 feet tall with self-closing and self-latching gates? | Yes | No |
| b. Are the gates locked when the pool is not in use? | Yes | No |
| c. Is the swimming pool compliant with the Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| d. Are there any diving boards or water slides? | Yes | No |
| e. Are day care children allowed to use the pool? | Yes | No |
| i. What ratio of adults to children is maintained when they are in the pool? | | |
| f. Are all pool chemicals locked in a secure area inaccessible to children? | Yes | No |
| 16. Are animals allowed or kept on the premises? | Yes | No |
| If yes, explain type and breed, how many and whether they are kept separate from children: | | |
| | | |

ADDITIONAL COVERAGES

Select additional coverages and limits you are requesting:

Abuse or Molestation Coverage

\$25,000/\$50,000 – no charge

\$50,000/\$100,000

\$100,000/\$200,000

\$300,000/\$600,000

\$500,000/\$500,000

\$1,000,000/\$1,000,000

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature

Title

Date

Producer Signature

Date