



**Associated Underwriters, Inc.**  
 9412 Giles Road  
 LaVista, NE 68128

**Phone:** 402.592.0900  
**Fax:** 402.592.0962

**DAY CARE CENTER OR PRE-SCHOOL LIABILITY SUPPLEMENTAL QUESTIONNAIRE**  
**(Complete in Addition to Accord Application)**

1. Name of Applicant: \_\_\_\_\_

2. Premises Information:

- A.  Occupied as Dwelling  Constructed as Day Care Occupancy  
 Constructed as Dwelling and Converted to Day Care Center  
 Constructed as Commercial Building and Converted to Day Care Center

B. 1. Number of Fire Extinguishers on Premises \_\_\_\_\_ Number of Exits \_\_\_\_\_

2. Smoke Detectors?  Yes  No

3. Fire extinguishers serviced & tagged within last year?  Yes  No

4. Any cooking done on premises?  Yes  No

If yes, what type? \_\_\_\_\_

5. Have premises been inspected by local safety and health authorities for building codes and health standards?  Yes  No When? \_\_\_\_\_

If Yes, were there any violations or citations?  Yes  No If Yes, please describe

\_\_\_\_\_

3. Is applicant licensed?  Yes  No License Number \_\_\_\_\_

4. What is maximum number of children permitted by license? \_\_\_\_\_

5. What is maximum number of children on premises at any one time? \_\_\_\_\_

6. Hours children are on premises \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. No. days each week \_\_\_\_\_

7. Indicate the number of children in each age group and the number of attendants for each age group.

<b>AGE GROUP</b>	<b># OF INDIVIDUALS</b>	<b># OF ATTENDANTS</b>
1 to 12 months	_____	_____
12 to 24 months	_____	_____
over 2 yrs. to 4 yrs.	_____	_____
over 4 yrs. to 6 yrs.	_____	_____
over 6 yrs.	_____	_____
adults	_____	_____

Are children with physical or emotional handicaps accepted?  Yes  No Number \_\_\_\_\_

Explain handicaps \_\_\_\_\_

\_\_\_\_\_

8. A. Describe play equipment an facilities. (If there is any unusual or special equipment used, describe: ie., exercise equipment, trampoline, etc.) \_\_\_\_\_

B. Is the yard fully fenced?  Yes  No

C. Any special classes taught? Yes No If yes, describe (gymnastics, dance, swimming, etc.)

D. Is there a swimming pool on premises: Yes No If yes, state size, depth of each end, number and height of diving boards? \_\_\_\_\_

E. Are there any animals on the premises? Yes No If yes, explain \_\_\_\_\_

F. Any off premises field trips? Yes No If so, how many \_\_\_\_\_ how often \_\_\_\_\_  
how transported \_\_\_\_\_ Describe \_\_\_\_\_

G. Is playground equipment secured? Yes No Describe type of surface underneath equipment (Asphalt, grass, sand, etc.) \_\_\_\_\_

9. Attach a list of all attendants/instructors with a description of his/her previous experience and educational background.

10. Describe procedures for:

A. Hiring Procedures \_\_\_\_\_

Are National Criminal History background checks obtained for all employees/volunteers? Yes No

B. Accidents, illness, medical treatment, notification to parents: \_\_\_\_\_

C. Dispensing of prescribed medications: \_\_\_\_\_

D. Is a licensed nurse on duty? Yes No If yes, hours per day and days per week \_\_\_\_\_

E. Is staff trained in First Aid? Yes No Describe training \_\_\_\_\_

F. Is a medical care release form from parent required? Yes No

11. Has risk had any previous or pending allegations of sexual or physical abuse? Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_

Producer \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_