



**SUPPLEMENT FOR CHILD DAY CARE CENTERS**  
**(TO BE COMPLETED ALONG WITH THE ALLIED HEALTH GENERAL APPLICATION)**

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

2. a) Total # of licensed spaces: \_\_\_\_\_ b) Average # of children that attend: \_\_\_\_\_  
(please attach a copy of the license)

3. Do you have any of the following:

a) Swimming Pool? Yes \_\_\_\_\_ No \_\_\_\_\_

b) Playground Equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide description of equipment: \_\_\_\_\_

4. Age Group	Number of Children	Staff/Child Ratio
Under 2 Years	_____	_____
2 to 5 Years	_____	_____
6 to 12 Years	_____	_____
13 to 18 Years	_____	_____
18 to 65 Years	_____	_____
Over 65 Years	_____	_____

5. Please provide a breakdown of percentage of types of clients/patients serviced:

Well Child \_\_\_\_\_% Developmentally Disabled \_\_\_\_\_%

Aged \_\_\_\_\_% Emotionally Disturbed \_\_\_\_\_%

Alzheimer/Dementia \_\_\_\_\_% Other, please describe \_\_\_\_\_%

6. Is transportation provided? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide description of vehicles, insurance coverage & Driver screening:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7. Does your state have regulations:
- a) Requiring written emergency procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) Mandating maximum staff-to-child ratios? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the ratio? \_\_\_\_\_
  - c) Have you been cited for failure to meet any regulatory standards?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach copy of citation(s) and inspection report.
8. How many years of management experience do you have operating a child daycare facility?  
\_\_\_\_\_
9. Please provide the hours of operation and days of the week the facility is opened.  
\_\_\_\_\_
10. Are emergency evacuation procedures posted and annual drills performed at every location at least annually? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are there at least 2 functional exits at every location? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Are there at least 2 exits at every location accessible by wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Are there lighted exit signs and emergency lighting in common areas? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Are all medications kept in a locked area? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Do you control:
- a. Entry to premises? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Exit from premises? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Is entry of code required to activate door for both entry and exit? Yes \_\_\_\_\_ No \_\_\_\_\_



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17. Describe additional security measures:

\_\_\_\_\_

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

**FOR KENTUCKY RISKS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Name of Applicant: \_\_\_\_\_  
Please Print Title

Signature: \_\_\_\_\_  
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)